

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 04, 2003 8:00 am**  
**Secretary of State**

08-04-2003 90149 011 \*\*\*\*70.00

**DOCUMENT # N00000005585**

1. Entity Name

**SOZO MINISTRIES, INCORPORATED**



Principal Place of Business

**6131 TERRY ROAD  
JACKSONVILLE FL 32216**

Mailing Address

**6131 TERRY ROAD  
JACKSONVILLE FL 32216**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3688408**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**MAILLET, ELYETTE C  
8667 HEATHER RUN DR SO  
JACKSONVILLE FL 32256**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **BOHANNAN, JACQUELINE S**  
STREET ADDRESS **141 BELLE FOREST CIR**  
CITY-ST-ZIP **NASHVILLE TN 37221**

TITLE **D** ☐ Delete  
NAME **CAIN, JOHN W**  
STREET ADDRESS **6131 TERRY ROAD**  
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **D** ☐ Delete  
NAME **MAILLET, PATRICK P**  
STREET ADDRESS **8667 HEATHER RUN DR S**  
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **D** ☐ Delete  
NAME **MAILLET, ELYETTE C**  
STREET ADDRESS **8667 HEATHER RUN DR S**  
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **BETTY E. HODGES**  
STREET ADDRESS **2011 East Road**  
CITY-ST-ZIP **Jacksonville FL 32216**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE: ELYETTE MAILLET 7/14/03**

**904 7336240**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)