

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 09, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N01000008672**

1. Entity Name  
**SOT MINISTRIES - USA, INC.**



Principal Place of Business  
**2227 TRESPOTT DR.  
TALLAHASSEE, FL 32308**

Mailing Address  
**2227 TRESPOTT DR.  
TALLAHASSEE, FL 32308**



03012004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**02-0585136**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**LOTSPEICH, RICHARD A  
2227 TRESPOTT DR.  
TALLAHASSEE, FL 32308**

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U000000082216  
03/09/04-80021-008 61.25

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	LOTSPEICH, RICHARD A
STREET ADDRESS	2227 TRESPOTT DR.
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	D
NAME	THOMSON, W. FREDERICK
STREET ADDRESS	812 GREENBRIER LN.
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	D
NAME	MCMULLEN, RANDY
STREET ADDRESS	1918 HIDDEN VALLEY RD.
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	D
NAME	LOTSPEICH, ELAINE E
STREET ADDRESS	2227 TRESPOTT DR.
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	D
NAME	DREW, MITCHELL N JR
STREET ADDRESS	495 FRANK SHAW RD.
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Richard A. Lotspeich*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/04

Date

850/921-4208

Daytime Phone #