

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

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90278 046 ****70.00

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1. Entity Name

SOLDIERS OF CHANGE MINISTRIES, INC.



Principal Place of Business

**4645 NW BOGI CT
PORT ST. LUCIE FL 34983**

Mailing Address

**4645 NW BOGI CT
PORT ST. LUCIE FL 34983**

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

51-0423077

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

**WEBB, CURTIS
4645 NW BOGI CT
PORT ST. LUCIE FL 34983**

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

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	PD	<input type="checkbox"/> Delete
NAME	WEBB, CURTIS	
STREET ADDRESS	4645 NW BOGI CT	
CITY-ST-ZIP	PORT ST. LUCIE FL 34983	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WEBB, JADA	
STREET ADDRESS	4645 NW BOGI CT	
CITY-ST-ZIP	PORT ST. LUCIE FL 34983	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TONEY, BERAL	
STREET ADDRESS	1914 SE HILLMOOR DR #64	
CITY-ST-ZIP	PORT ST LUCIE FL 34952	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEBB, SHEILA	
STREET ADDRESS	2206 S 26TH ST	
CITY-ST-ZIP	FT PIERCE FL 34947	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FORD-TURNER, TERESA	
STREET ADDRESS	1004 COLONIAL RD	
CITY-ST-ZIP	FT PIERCE FL 34950	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James Webb	
STREET ADDRESS	2701 Langston Ct	
CITY-ST-ZIP	FT. PIERCE FL 34946	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kelli White	
STREET ADDRESS	204 N 39th St	
CITY-ST-ZIP	FT. Pierce FL 34947	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

4-13-03

(772) 871-7820

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)