

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

04 MAY 26 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000000347	
1. Entity Name SOARING-N-HIM, INC.	



Principal Place of Business 2815 BOTANY PLACE TALLAHASSEE, FL 32301	Mailing Address 2815 BOTANY PLACE TALLAHASSEE, FL 32301
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2. Principal Place of Business 3839 North Monroe St Suite, Apt. #, etc. Suite 7 and Suite 8 City & State Tallahassee, FL Zip 32303 Country USA		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
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04282004 Chg-NP CR2E037 (10/03)

MRS

4. FEI Number 05-0548657		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent PRATHER, ANTHONY J SR 2815 BOTANY PLACE TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (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

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR PRATHER, ANTHONY J SR 2815 BOTANY PLACE TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Demetrius Melton 3200 Ginger Dr. Apt. D Tallahassee, FL 32308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR PRATHER, JANICE 2815 BOTANY PLACE TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100035423791 05/04/04--01059--001 **122.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR PYE, SHERRY A 6168 GREENON LANCE TALLAHASSEE, FL 32304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JULIA A. BUNDAGE DIRECTOR 1410 B. SHALLOO BRACK Apt B TALLAHASSEE, FL 32301 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR Amarantha Melton 3535 Roberts Ave #279 Tallahassee, FL 32310 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR Dexter Melton 3535 Roberts Ave #279 Tallahassee, FL 32310 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR Donna Melton 3200 Ginger Dr. Apt. D Tallahassee, FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/04 850 581 818