

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000000347

1. Entity Name
SOARING-N-HIM, INC.



Principal Place of Business
**3839 NORTH MONROE ST
SUITE 7 AND SUITE 8
TALLAHASSEE, FL 32303**

Mailing Address
**3839 NORTH MONROE ST
SUITE 7 AND SUITE 8
TALLAHASSEE, FL 32303**



04252005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
05-0548657

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PRATHER, SR, ANTHONY J
2815 BOTANY PLACE
TALLAHASSEE, FL 32301**

**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: ANTHONY J. PRATHER SR. Anthony J. Prather Sr. 4/25/05
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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PRATHER, SR, ANTHONY J
2815 BOTANY PLACE
TALLAHASSEE, FL 32301**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PRATHER, JANICE
2815 BOTANY PLACE
TALLAHASSEE, FL 32301**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PYE, SHERRY A
6168 GREENON LANCE
TALLAHASSEE, FL 32304**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MELTON, AMARANTHA
3535 ROBERTS AVE #279
TALLAHASSEE, FL 32310**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MELTON, DEXTER
3535 ROBERTS AVE #279
TALLAHASSEE, FL 32310**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MELTON, DONNA
3200 GINGER DR, APT D
TALLAHASSEE, FL 32308**

1100000333084
04/26/05-80081-022 70.00

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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: ANTHONY J. PRATHER SR. Anthony J. Prather Sr. 4/25/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #