

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000000347

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



FILED

07 JUN -4 PM 2:57

Principal Place of Business
PO BOX 10361
TALLAHASSEE, FL 32302

Mailing Address
PO BOX 10361
TALLAHASSEE, FL 32302

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3839 N. Monroe St

Suite, Apt. #, etc.
7th Suite

City & State
Tallahassee FL

Zip
323

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

05082007 Chg-NP CR2E037 (12/06)

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
1201 ELBERTA DR
TALLAHASSEE, FL 32304

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

Filing Fee is \$61.25
Due by September 14, 2007

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
NAME PRATHER, SR, ANTHONY J ☐ Delete
STREET ADDRESS 1201 ELBERTA DR
CITY-ST-ZIP TALLAHASSEE, FL 32304

TITLE D
NAME KING, CHRISTENE ☐ Delete
STREET ADDRESS 3045 RAIN VALLEY
CITY-ST-ZIP TALLAHASSEE, FL 32308

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

TITLE D
NAME MELTON, AMARANTHA ☒ Delete
STREET ADDRESS 1637 KELLY ST
CITY-ST-ZIP TALLAHASSEE, FL 32310

TITLE D
NAME BUNDAGE, JULIA ☐ Delete
STREET ADDRESS 1410B SHALLOW BROOK
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE D
NAME BUNDAGE, KEVIN ☐ Delete
STREET ADDRESS 1410B SHALLOW BROOK
CITY-ST-ZIP TALLAHASSEE, FL 32301

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Prather, Anthony ☒ Change ☐ Addition
NAME
STREET ADDRESS 3539 Apalachee Pkwy PMB 147
CITY-ST-ZIP Tallahassee FL 32311

TITLE Prather, Christene ☒ Change ☐ Addition
NAME
STREET ADDRESS 3539 Apalachee Pkwy PMB 147
CITY-ST-ZIP Tallahassee FL 32311

TITLE Tryman Latarsha ☐ Change ☒ Addition
NAME
STREET ADDRESS 4357 Benchmark Place
CITY-ST-ZIP Tallahassee FL 32317

TITLE 500104521525
NAME
STREET ADDRESS 06/18/07--01073--027 **140.00
CITY-ST-ZIP

TITLE Bundage Julia ☒ Change ☐ Addition
NAME
STREET ADDRESS 5112 Water Valley Dr
CITY-ST-ZIP Tallahassee FL 32303

TITLE Bundage Kevin ☒ Change ☐ Addition
NAME
STREET ADDRESS 5112 Water Valley Dr
CITY-ST-ZIP Tallahassee FL 32303

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]

5/9/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #