

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000000347

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



FILED

08 APR 14 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
3839 N. MONROE STREET
SUITE 7 & 8
TALLAHASSEE, FL 32303

Mailing Address
3839 N. MONROE STREET
SUITE 7 & 8
TALLAHASSEE, FL 32303

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

2312 Apalachee Pkwy
Suite, Apt. #, etc.

City & State
Tallahassee FL

Zip
32301

Country

3. Mailing Address

P.O. Box 10361
Suite, Apt. #, etc.

City & State
Tallahassee FL

Zip
32302

Country

03102008 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.

600123299536
04/15/08--01001--014 **140.00

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, 2008

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 ☐ Delete
NAME PRATHER, SR, ANTHONY J
STREET ADDRESS 3539 APALACHEE PARKWAY PMB 147
CITY-ST-ZIP TALLAHASSEE, FL 32311

TITLE D ☐ Delete
NAME PRATHER, CHRISTENE
STREET ADDRESS 3539 APALACHEE PARKWAY PMB 147
CITY-ST-ZIP TALLAHASSEE, FL 32311

TITLE D ☐ Delete
NAME TRYMAN, LATASHA
STREET ADDRESS 4357 BENCHMARK PLACE
CITY-ST-ZIP TALLAHASSEE, FL 32317

TITLE D ☐ Delete
NAME BUNDAGE, JULIA
STREET ADDRESS 5112 WATER VALLEY DR
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE D ☐ Delete
NAME BUNDAGE, KEVIN
STREET ADDRESS 5112 WATER VALLEY DR
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Anthony J. Prather ☒ Change ☐ Addition
NAME
STREET ADDRESS PO Box 1154
CITY-ST-ZIP Tallahassee FL 32308

TITLE Christene Prather ☒ Change ☐ Addition
NAME
STREET ADDRESS PO Box 1154
CITY-ST-ZIP Tallahassee FL 32302

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/13/08