2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010897

City-St-Zip:

Entity Name: SOZO INTERNATIONAL MINISTRIES, INC.

FILED May 20, 2004 Secretary of State

Current Principal Place of Business:		New Princ	New Principal Place of Business:		
	SLAND DRIVE EDRA BEACH, FL 32082 US				
Current Mailing Address:		New Mailin	New Mailing Address:		
P O BOX 1 PONTE VE	1624 EDRA BEACH, FL 32004 US				
FEI Number	: FEI Number Applied For (X)	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and	Address of Current Registered Agent:	Name and	Address	of New Registered Agent:	
	CHERYL SLAND DRIVE EDRA BEACH, FL 32082 US				
	named entity submits this statement for the e of Florida.	e purpose of changing it	ts registere	d office or registered agent, or both,	
SIGNATU	RE:				
	Electronic Signature of Registered A	gent		Date	
OFFICERS AND DIRECTORS:		ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	PRES () Delete SCHANG, CHERYL P O BOX 1624 PONTE VEDRA BEACH, FL 32004 US	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () Delete DAVIS, DESTINY 1718 HILLTOP BLVD JACKSONVILLE, FL, FL 32246 US	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () Delete MEISBURG, DENISE 4413 RICHMOND PARK CT JACKSONVILLE, FL 32224 US	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	D ALDRIDGE 16 MCNAIR ROCHESTE		
Title: Name: Address:	() Delete	Title: Name: Address:	D ALDRIDGE 16 MCNAIR		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip: ROCHESTER, NY 14624

SIGNATURE: CHERYL SCHANG PRES 05/20/2004