

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010897

FILED
May 31, 2009
Secretary of State

Entity Name: SOZO INTERNATIONAL MINISTRIES, INC.

Current Principal Place of Business:

1101 SPINNAKERS REACH DRIVE
PONTE VEDRA BEACH, FL 32082 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 1624
PONTE VEDRA BEACH, FL 32004 US

New Mailing Address:

FEI Number: 20-0571606 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SCHANG, CHERYL
1101 SPINNAKERS REACH DRIVE
PONTE VEDRA BEACH, FL 32082 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: SCHANG, CHERYL
Address: 1101 SPINNAKERS REACH DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: VP () Delete
Name: DAVIS, DESTINY
Address: 1718 HILLTOP BLVD
City-St-Zip: JACKSONVILLE, FL, FL 32246 US

Title: VP () Delete
Name: MEISBURG, DENISE
Address: 4413 RICHMOND PARK CT
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: D () Delete
Name: ALDRIDGE, GRANT
Address: 16 MCNAIR DRIVE
City-St-Zip: ROCHESTER, NY 14624

Title: D () Delete
Name: ALDRIDGE, PATRICIA
Address: 16 MCNAIR DRIVE
City-St-Zip: ROCHESTER, NY 14624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: CHERYL SCHANG

PRES

05/31/2009

Electronic Signature of Signing Officer or Director

Date