


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

1. **May 05, 2008 8:00 am**
Secretary of State

01-23-2008 90008 030 ****61.25

DOCUMENT # N04000004667
 1. Entity Name
SOUND DOCTRINE MINISTRIES, INCORPORATED



Principal Place of Business Mailing Address
746 ANDREW STREET **P O BOX 33**
EUSTIS, FL 32726 **MOUNT DORA, FL 32756**

66009600



01152008 No Chg-NP CR2E037 (4/08)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
68-0585533 Not Applicable

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

6. Name and Address of Current Registered Agent
LIKELY, BRENDA L
746 ANDREW STREET
EUSTIS, FL 32726

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 _____ (NOTE: Registered Agents signature required when reappointing) _____ 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**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAST LIKELY, MICHAEL 746 ANDREW STREET EUSTIS, FL 32726
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEAC HARLEY, ANTHONY 501 E. JACKSON AVE MOUNT DORA, FL 32757
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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: Brenda L Likely 02/27/08 3528747690
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #