

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008621

FILED  
May 05, 2005  
Secretary of State

Entity Name: SOPHIA COMMUNITY, INC.

**Current Principal Place of Business:**

572 MAGNOLIA STREET  
NEPTUNE BEACH, FL 32266

**New Principal Place of Business:**

**Current Mailing Address:**

572 MAGNOLIA STREET  
NEPTUNE BEACH, FL 32266

**New Mailing Address:**

FEI Number: 20-1552620      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:**

MEARS, CRAIG A  
572 MAGNOLIA STREET  
NEPTUNE BEACH, FL 32266      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: D      ( ) Delete  
Name: W. JOE HALL,  
Address: 916 15TH AVENUE NORTH  
City-St-Zip: JACKSONVILLE BEACH, FL 322504794

Title: D      ( ) Delete  
Name: RICHARDS, PAULINE  
Address: 1302 13TH AVENUE NORTH  
City-St-Zip: JACKSONVILLE BEACH, FL 322503638

Title: D      ( ) Delete  
Name: BUIK, MAUREEN  
Address: 228 MYRA STREET  
City-St-Zip: NEPTUNE BEACH, FL 322664837

Title: D      ( ) Delete  
Name: MEARS, CRAIG A  
Address: 572 MAGNOLIA STREET  
City-St-Zip: NEPTUNE BEACH, FL 32266

**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:

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.

SIGNATURE: CRAIG A. MEARS

D

05/05/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date