

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008621

FILED
Mar 29, 2007
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 ()

Name and Address of Current Registered Agent:

MEARS, CRAIG A
572 MAGNOLIA STREET
NEPTUNE BEACH, FL 32266 US

Name and Address of New Registered Agent:

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 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: CRAIG A. MEARS

D

03/29/2007

Electronic Signature of Signing Officer or Director

Date