

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001669

FILED
Jun 16, 2009
Secretary of State

Entity Name: SONS OF THE FATHER MINISTRIES, INC.

Current Principal Place of Business:

4217 BEN BLVD
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

4217 BEN BLVD
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number: 20-2350578 **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:

ROBERTS, KEITH M
4217 BEN BLVD
TALLAHASSEE, FL 32303 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: P () Delete
Name: ROBERTS, KEITH M
Address: 4217 BEN BLVD
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: DONALDSON, ERVIN
Address: 121 LIMMER LN
City-St-Zip: CAIRO, GA 31728

Title: ST () Delete
Name: ROBERTS, CAROL M
Address: 4217 BEN BLVD
City-St-Zip: TALLAHASSEE, FL 32303

Title: V () Delete
Name: ROBERTS, SHAUN M
Address: 12870 VISTA ILSE DR APT 515
City-St-Zip: PLANTATION, FL 33325

Title: D () Delete
Name: ROBERTS, TIMOTHY
Address: 1211 CARRAWAY ST
City-St-Zip: TALLAHASSEE, FL 32308

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: V (X) Change () Addition
Name: ROBERTS, SHAUN M
Address: RR 1 BOX 252A
City-St-Zip: EGLON, WV 26716

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: KEITH M ROBERTS

P

06/16/2009

Electronic Signature of Signing Officer or Director

Date