

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010675

FILED
Feb 02, 2009
Secretary of State

Entity Name: SOLDIERS FOR CHRIST MINISTRY, INC.

Current Principal Place of Business:

8224 W WATERS AVE.
TAMPA, FL 33615

New Principal Place of Business:

Current Mailing Address:

4514 S. CHURCH AVE.
TAMPA, FL 33611

New Mailing Address:

FEI Number: 20-3664123

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DALANO, SONIA M
11403 MALLORY SQ. DR. #301
TAMPA, FL 33635 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: VP () Delete
Name: AZBILL, PAUL
Address: 36414 LAUREL LN.
City-St-Zip: DADE CITY, FL 33635

Title: VP () Delete
Name: HOELLERER, TONY
Address: 11403 MALLORY SQ DR, 301
City-St-Zip: TAMPA, FL 33635

Title: PS () Delete
Name: DALANO, SONIA
Address: 11403 MALLORY SQ. DR, 301
City-St-Zip: TAMPA, FL 33635

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:

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: SONIA DALANO

PS

02/02/2009

Electronic Signature of Signing Officer or Director

Date