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Apr 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N36010

(9)

1. Corporation Name

THE SOPHIA MINISTRIES, INC.



Principal Place of Business % B & C CORPORATE SERVICES, INC. 201 S. BISCAYNE BLVD., SUITE 3000 MIAMI FL 33131	Mailing Address % B & C CORPORATE SERVICES, INC. 201 S. BISCAYNE BLVD., SUITE 3000 MIAMI FL 33131
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3. Date Incorporated or Qualified

01/04/1990

4. FEI Number

59-2590833

Applied For

Not Applicable

2. Principal Place of Business 21 450 RIDGE ST. Suite, Apt. #, etc. 22 City & State 23 LEWISTON, NY Zip 24 14092 Country 25 USA	2a. Mailing Address 26 Box 450 Suite, Apt. #, etc. 27 City & State 28 LEWISTON, NY. Zip 29 14092 Country 30 USA
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5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent B & C CORPORATE SERVICES, INC. 201 S. BISCAYNE BLVD., SUITE 3000 MIAMI FL 33131

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	RICHARDSON, HERBERT
STREET ADDRESS	2701 THOMPSON ROAD
CITY-ST-ZIP	NIAGRA FALLS, ONTARIO CANADA L2E-6S4
TITLE	SD
NAME	WILL, FREDERIC
STREET ADDRESS	617 7TH STREET NORTH
CITY-ST-ZIP	MOUNT VERNON IA 52314
TITLE	D
NAME	RUPNOW, JOHN
STREET ADDRESS	415 RIDGE STREET
CITY-ST-ZIP	LEWISTON NY 14092
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

[Signature]

April 17, 1998

905 - 252 - 4926

76 - 254 - 2709

CR2037 (1097)