

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48784

FILED  
Mar 11, 2005  
Secretary of State

**Entity Name:** SON-GLOW MINISTRIES, INCORPORATED

**Current Principal Place of Business:**

8667 HEATHER RUN DR. S  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

1405 TOWNSEND BLVD  
JACKSONVILLE, FL 32211

**Current Mailing Address:**

8667 HEATHER RUN DR. S  
JACKSONVILLE, FL 32256

**New Mailing Address:**

PO BOX 8643  
JACKSONVILLE, FL 32239

FEI Number: 59-3123117

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MAILLET, ELYETTE C  
8667 HEATHER RUN DR. S  
JACKSONVILLE, FL 32256 US

**Name and Address of New Registered Agent:**

MAILLET, ELYETTE C  
1405 TOWNSEND BLVD  
JACKSONVILLE, FL 32211 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: \_\_\_\_\_

03/11/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PT ( ) Delete  
Name: MAILLET, ELYETTE C  
Address: 8667 HEATHER RUN DR S  
City-St-Zip: JACKSONVILLE, FL 32256

Title: VPS ( ) Delete  
Name: HODGES, BETTY  
Address: 2011 EAST ST  
City-St-Zip: JACKSONVILLE, FL 32216

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PT (X) Change ( ) Addition  
Name: MAILLET, ELYETTE C  
Address: 1405 TOWNSEND BLVD  
City-St-Zip: JACKSONVILLE, FL 32211

Title: VPS (X) Change ( ) Addition  
Name: ANCELOT, CHRYSTELLE M  
Address: 1405 TOWNSEND BLVD  
City-St-Zip: JACKSONVILLE, FL 32211

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: ELYETTE C MAILLET

PT

03/11/2005

Electronic Signature of Signing Officer or Director

Date