2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002623

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MACKENZIE, JAMES A

2555 MARQUIS DRIVE

DUNEDIN, FL 34698

Title:

Name:

Address:

City-St-Zip:

FILED Feb 25, 2004 Secretary of State

Entity Name: SONBEAM VIA DE CRISTO, INC. **Current Principal Place of Business: New Principal Place of Business:** 4545 CHANCELLOR STREET N.E. ST. PETERSBURG, FL 33703 **Current Mailing Address: New Mailing Address:** P.O. BOX 97 DUNEDIN, FL 346970097 FEI Number: 59-3247446 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DRAKE, CANDACE C P.A 447 THÍRD AVENUE NORTH SUITE 304 ST. PETERSBURG, FL 33701 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete CARDEN, BEVERLY Name: Name: Address: 6956 ORKNEY AVE. NO. Address: City-St-Zip: ST PETERSBURG, FL 33709 City-St-Zip: Title: VD () Delete Title: () Change () Addition Name: MARQUART, DAVE Name: Address: 3608 EISENHOWER DR. Address: City-St-Zip: HOLIDAY, FL 34691 City-St-Zip: Title: () Delete Title: () Change () Addition GABBERT, VI Name: Name: Address: 1432 KEENE ROAD Address: City-St-Zip: CLEARWATER, FL 33756 City-St-Zip:

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JAMES A MACKENZIE Т 02/25/2004

(X) Change () Addition

MACKENZIE, JAMES A

NEW PORT RICHEY, FL 34655

7528 WIMPOLE DR