

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002623

FILED
Apr 16, 2005
Secretary of State

Entity Name: SONBEAM VIA DE CRISTO, INC.

Current Principal Place of Business:

4545 CHANCELLOR STREET N.E.
ST. PETERSBURG, FL 33703

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 97
DUNEDIN, FL 346970097

New Mailing Address:

FEI Number: 59-3247446

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DRAKE, CANDACE C P.A.
447 THIRD AVENUE NORTH
SUITE 304
ST. PETERSBURG, FL 33701 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: PD () Delete
Name: CARDEN, BEVERLY
Address: 6956 ORKNEY AVE. NO.
City-St-Zip: ST PETERSBURG, FL 33709

Title: VD () Delete
Name: MARQUART, DAVE
Address: 3608 EISENHOWER DR.
City-St-Zip: HOLIDAY, FL 34691

Title: SD () Delete
Name: GABBERT, VI
Address: 1432 KEENE ROAD
City-St-Zip: CLEARWATER, FL 33756

Title: T () Delete
Name: MACKENZIE, JAMES A
Address: 7528 WIMPOLE DR
City-St-Zip: NEW PORT RICHEY, FL 34655

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SABATIER-SMITH, PAUL
Address: 5026 LOG CABIN DRIVE
City-St-Zip: LAKE LAND, FL 33810 US

Title: VD (X) Change () Addition
Name: MARQUART, DAVE
Address: 3608 EISENHOWER DR.
City-St-Zip: HOLIDAY, FL 34691 US

Title: SD (X) Change () Addition
Name: KRAGH, DON & NANCY
Address: 8385 140TH STREET
City-St-Zip: SEMINOLE, FL 33776 US

Title: T (X) Change () Addition
Name: MACKENZIE, JAMES A
Address: 7528 WIMPOLE DR
City-St-Zip: NEW PORT RICHEY, FL 34655 US

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: JAMES A MACKENZIE

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04/16/2005

Electronic Signature of Signing Officer or Director

Date