2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007
Secretary of State

DOCUMENT# N94000002623

Entity Name: SONBEAM VIA DE CRISTO, INC.

Current Principal Place of Business:

8385 140TH STREET
SEMINOLE, FL 33776

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:

KRAGH, DON
8385 140TH STREET
SEMINOLE, FL 33776 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:	SABATIER-SMITH, PAUL	
Address:	5026 LOG CABIN DRIVE	
City-St-Zip:	LAKELAND, FL 33810 US	
Title:	VD	( ) Delete
Name:	ASHCROFT, MARY	
Address:	815 11TH STREET NORTH	
City-St-Zip:	ST. PETERSBURG, FL 33705 US	
Title:	SD	( ) Delete
Name:	KRAGH, DON & NANCY	
Address:	8385 140TH STREET	
City-St-Zip:	SEMINOLE, FL 33776 US	
Title:	TD	( ) Delete
Name:	SHADE, STEPHEN E	
Address:	357 FOXCROFT DRIVE EAST	
City-St-Zip:	PALM HARBOR, FL 34683 US	

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:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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: STEPHEN E. SHADE TD 03/21/2007

Electronic Signature of Signing Officer or Director — Date