

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002623

FILED  
Apr 30, 2009  
Secretary of State

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: NITSCH, LISA L  
Address: 3095 40TH AVE N  
City-St-Zip: ST PETERSBURG, FL 33414 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: BAKER, WAYNE  
Address: 2086 LAKEWOOD DR  
City-St-Zip: CLEARWATER, FL 33763 US

Title: VD (X) Change ( ) Addition  
Name: ALEXANDER, DEBBIE  
Address: 11126 HARBORSIDE DR  
City-St-Zip: LARGO, FL 33773 US

Title: SD (X) Change ( ) Addition  
Name: OTT, BILLI  
Address: 4355 CORPORATE AVE #135  
City-St-Zip: LAKELAND, FL 33809 US

Title: TD (X) Change ( ) Addition  
Name: SCHEER, EDITH E  
Address: 504 E CIRCLE ST  
City-St-Zip: AVON PARK, FL 33825 US

I hereby certify that the information supplied with this filing does not qualify 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: EDITH E SCHEER

TD

04/30/2009

Electronic Signature of Signing Officer or Director

Date