

FILE NOW: FILING FEE IS \$61.25

FILED
May 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Moorthy Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000002811 (6)
 1. Corporation Name
SONSHINE YOUTH MINISTRY OF FLORIDA, INC.



Principal Place of Business 3651 N.W. 29TH STREET LAUDERDALE LAKES FL 33311	Mailing Address 3651 N.W. 29TH STREET LAUDERDALE LAKES FL 33311
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3. Date Incorporated or Qualified 06/08/1995	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 65-0599258	

2. Principal Place of Business 21 Route 2 Box 6 Suite, Apt. #, etc.	2a. Mailing Address 26 Route 2 Box 635 Suite, Apt. #, etc.
22 City & State 23 MAYO, Florida	27 City & State 28 MAYO, Florida
24 Zip 32066	25 Country USA
29 Zip 32066	30 Country USA

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
MILLER, ROGER S
3651 N.W. 29TH STREET
LAUDERDALE LAKES FL 33311

10. Name and Address of New Registered Agent
 81 Name **ROGERS MILLER**
 82 Street Address (P.O. Box Number is Not Acceptable)
Route 2 Box 635
 83
 84 City **MAYO** FL 85 Zip Code **32066**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Rogers Miller** DATE **4-6-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MILLER, ROGER		1.2 NAME MILLER, ROGER	
STREET ADDRESS 3651 N.W. 29TH STREET		1.3 STREET ADDRESS Route 2 Box 635	
CITY-ST-ZIP LAUDERDALE LAKES FL 33311		1.4 CITY-ST-ZIP MAYO, FLORIDA 32066	
TITLE Director	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME THOMAS, ERIC		2.2 NAME	
STREET ADDRESS 2871 N.W. 115 TERRACE		2.3 STREET ADDRESS	
CITY-ST-ZIP CORAL SPRINGS FL		2.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE Vice Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHEPARD, CHARLIE		3.2 NAME MARGIE MILLER	
STREET ADDRESS 2123 N.W. 63RD AVENUE		3.3 STREET ADDRESS Route 2 Box 635	
CITY-ST-ZIP MARGATE FL 33063		3.4 CITY-ST-ZIP MAYO, FL. 32066	
TITLE Director	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROSE, BOB		4.2 NAME	
STREET ADDRESS 6232 NW 1st		4.3 STREET ADDRESS	
CITY-ST-ZIP MARGATE FL 33063		4.4 CITY-ST-ZIP	
TITLE Director	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME EDWARD BUNYIN		5.2 NAME	
STREET ADDRESS 5204 NW 120 Ave		5.3 STREET ADDRESS	
CITY-ST-ZIP Coral Springs 33076		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE **Rogers Miller** DATE **4-6-98** 972 0660 0023

CFR2E037 (10/97)