

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90163 047 ****70.00

DOCUMENT # N95000002811

1. Corporation Name

SONSHINE YOUTH MINISTRY OF FLORIDA, INC.

Principal Place of Business

ROUTE 2, BOX 6
MAYO FL 32066
US

Mailing Address

ROUTE 2, BOX 635
MAYO FL 32066
US



2. Principal Place of Business

21 **200 third st**

Suite, Apt. #, etc.

22

2a. Mailing Address

26 **P.O. Box 1106**

Suite, Apt. #, etc.

27

3. Date Incorporated or Qualified

06/08/1995

4. FEI Number

65-0599258

Applied For

Not Applicable

City & State

23 **MAYO FL**

Zip

24 **32066**

Country

25

City & State

28 **MAYO FL**

Zip

29 **32066**

Country

30

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

MILLER, ROGER S
ROUTE 2, BOX 635
MAYO FL 32066

10. Name and Address of New Registered Agent

81 Name

MILLER, ROGER S.

82 Street Address (P.O. Box Number is Not Acceptable)

Route 1 Box 378

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 **ROGER S. MILLER**
Signature, typed or printed name of registered agent and title if applicable.

ROGER S. MILLER
(NOTE: Registered Agent signature required when reinstating)

2-5-99
DATE

OFFICERS AND DIRECTORS

12. ☐ DELETE

TITLE **P**
NAME **MILLER, ROGER**
STREET ADDRESS **ROUTE 2, BOX 635**
CITY-ST-ZIP **MAYO FL 32066**

TITLE **D** ☐ DELETE

NAME **THOMAS, ERIC**
STREET ADDRESS **2871 N.W. 115 TERRACE**
CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE **VP** ☐ DELETE

NAME **MILLER, MARGIE**
STREET ADDRESS **ROUTE 2, BOX 635**
CITY-ST-ZIP **MAYO FL 32066**

TITLE **D** ☐ DELETE

NAME **EDGAR, RON**
STREET ADDRESS **6232 NW 15TH COURT**
CITY-ST-ZIP **MARGATE FL 33063**

TITLE **D** ☐ DELETE

NAME **BUNGWIN, EDWARD**
STREET ADDRESS **5304 NW 120TH AVE**
CITY-ST-ZIP **CORAL SPRINGS FL 33076**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **MILLER, ROGER**

1.3 STREET ADDRESS **Route 1 Box 378**

1.4 CITY-ST-ZIP **MAYO FL 32066**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **MILLER, MARGIE**

3.3 STREET ADDRESS **Route 1 Box 378**

3.4 CITY-ST-ZIP **MAYO, FL 32066**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-99 904 294-1604

Date

Daytime Phone #

CR2E037 (11/98)