

DOCUMENT # N95000002811

1. Entity Name

SONSHINE YOUTH MINISTRY OF FLORIDA, INC.

FILED
Aug 28, 2000 8:00 am
Secretary of State

08-28-2000 90037 031 ****70.00

Principal Place of Business

Mailing Address

200 THIRB ST
 MAYO FL 32066
 US

P O BOX 1106
 MAYO FL 32066
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0599258

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLER, ROGER S
 ROUTE 1 BOX 378
 MAYO FL 32066

Name

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

9881 209 ROAD

City

LIVE OAK

FL

Zip Code

32060

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete
 NAME MILLER, ROGER
 STREET ADDRESS ROUTE 1 BOX 378
 CITY-ST-ZIP MAYO FL 32066

TITLE ☒ Change ☐ Addition
 NAME ROGER MILLER
 STREET ADDRESS 9881 209 RD
 CITY-ST-ZIP LIVE OAK, FL 32060

TITLE D ☐ Delete
 NAME THOMAS, ERIC
 STREET ADDRESS 2871 N.W. 115 TERRACE
 CITY-ST-ZIP CORAL SPRINGS FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VP ☐ Delete
 NAME MILLER, MARGIE
 STREET ADDRESS ROUTE 1 BOX 378
 CITY-ST-ZIP MAYO FL 32066

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D ☐ Delete
 NAME EDGAR, RON
 STREET ADDRESS 6232 NW 15TH COURT
 CITY-ST-ZIP MARGATE FL 33063

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D ☐ Delete
 NAME BUNGWIN, EDWARD
 STREET ADDRESS 5304 NW 120TH AVE
 CITY-ST-ZIP CORAL SPRINGS FL 33076

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)