

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 09, 2004 08:00 AM
Secretary of State

DOCUMENT # N95000002811

1. Entity Name
SONSHINE YOUTH MINISTRY OF FLORIDA, INC.



Principal Place of Business
9895 209 RD
LIVE OAK, FL 32060 US

Mailing Address
P O BOX 1106
MAYO, FL 32066 US

DO NOT WRITE IN THIS SPACE



02022004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0599258	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, ROGER S
9881 209 RD
LIVE OAK, FL 32060

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when retesting)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MILLER, ROGER
STREET ADDRESS	9881 209 RD
CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE	D
NAME	LISK, RANDY
STREET ADDRESS	22941 144 ST
CITY-ST-ZIP	LUGAVILLE, FL 32060
TITLE	VP
NAME	MILLER, MARGIE
STREET ADDRESS	9881 209 RD
CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE	D
NAME	JACKSON, KEVIN
STREET ADDRESS	1018 ROWAN RD
CITY-ST-ZIP	MAYO, FL 32066
TITLE	D
NAME	RILEY, CLIFTON
STREET ADDRESS	637 S. HOUSTON AVE.
CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE	D
NAME	COULTHURST, BARBARA
STREET ADDRESS	311 MAIN STREET
CITY-ST-ZIP	MAYO, FL 32060

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06/09/04-80001-003 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

1 May 04 386 658 2528
Date Daytime Phone #