
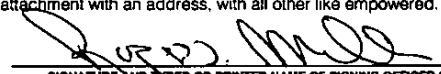


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90381 033 ****70.00

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0599258	
Zip		Country		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MILLER, ROGER S 9881 209 RD LIVE OAK, FL 32060			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, ROGER		NAME		
STREET ADDRESS	9881 209 RD		STREET ADDRESS		
CITY-ST-ZIP	LIVE OAK, FL 32060		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LISK, RANDY		NAME		
STREET ADDRESS	22941 144 ST		STREET ADDRESS		
CITY-ST-ZIP	LUGAVILLE, FL 32060		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, MARGIE		NAME		
STREET ADDRESS	9881 209 RD		STREET ADDRESS		
CITY-ST-ZIP	LIVE OAK, FL 32060		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURHAM, MARCUS		NAME		
STREET ADDRESS	13427 201 ROAD		STREET ADDRESS		
CITY-ST-ZIP	LIVE OAK, FL 32060		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RILEY, CLIFTON		NAME		
STREET ADDRESS	637 S. HOUSTON AVE.		STREET ADDRESS		
CITY-ST-ZIP	LIVE OAK, FL 32060		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COULTHURST, BARBARA		NAME		
STREET ADDRESS	311 MAIN STREET		STREET ADDRESS		
CITY-ST-ZIP	MAYO, FL 32060		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 			Date: 4-19-06 3866582528		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		