


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2007 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



07092007 No Chg-NP CR2E037 (4/06)

| | |
|--|--------------------------------|
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | |
|--|---|--|
| Filing Fee is \$61.25 Due by September 14, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 000000758420 07/12/07-80011-008 70.00 |
|--|---|--|

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MILLER, ROGER 9881 209 RD LIVE OAK, FL 32060 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LISK, RANDY 22941 144 ST LUGAVILLE, FL 32060 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP MILLER, MARGIE 9881 209 RD LIVE OAK, FL 32060 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DURHAM, MARCUS 13427 201 ROAD LIVE OAK, FL 32060 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D COULTHURST, BARBARA 311 MAIN STREET MAYO, FL 32060 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

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: *Roger S. Miller* 7-4-07 386 658-2528
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #