

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003278

FILED
Mar 26, 2009
Secretary of State

Entity Name: SOMEONE CARES MINISTRIES, INC.

Current Principal Place of Business:

6143 MOUNTAIN LAKE DR.
LAKELAND, FL 33813

New Principal Place of Business:

Current Mailing Address:

6143 MOUNTAIN LAKE DR.
LAKELAND, FL 33813

New Mailing Address:

FEI Number: 59-3452492

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAGWELL, GERALD E
6143 MOUNTAIN LAKE DR.
LAKELAND, FL 33813 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BAGWELL, GERALD E
Address: 6143 MOUNTAIN LAKE DR.
City-St-Zip: LAKELAND, FL 33813

Title: D () Delete
Name: ROBERTS, ROBERT V
Address: 1611 MONTEREY LANE
City-St-Zip: LAKELAND, FL 33813

Title: D () Delete
Name: FLEMING, LANDIS
Address: 960 LAKE COVE TR
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT V. ROBERTS

TR.D

03/26/2009

Electronic Signature of Signing Officer or Director

Date