

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000000133 (4)

1. Corporation Name

SOVEREIGN MINISTRIES INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

931 WEKIVA SPRINGS ROAD
LONGWOOD FL 32779

931 WEKIVA SPRINGS ROAD
LONGWOOD FL 32779

2. Principal Place of Business

21 125 S. Swoope Ave

Suite, Apt. #, etc.

22 106

City & State

23 Maithland

24 32751

Country

25 Seminole

2a. Mailing Address

26 125 S. Swoope Ave

Suite, Apt. #, etc.

27 106

City & State

28 Maithland

29 32751

Country

30 Seminole

9. Name and Address of Current Registered Agent

MARTIN, GERALD

931 WEKIVA SPRINGS ROAD
LONGWOOD FL 32779

3. Date Incorporated or Qualified

12/31/1997

4. FEI Number

59-3440568

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

Jonathan Alper

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

274 Kipling Ct

83

84 City

Heathrow

FL

85

Zip Code

32746

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE

Jonathan Alper

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

(NOTE: Registered Agent signature required when reinstating)

7-13-98

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

President, Treas Jonathan Strouder 931 Wekiva Springs Rd Longwood FL 32779 ☒ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

VP, S Gerald Martin 931 Wekiva Springs Rd Longwood FL 32779 ☒ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP

President, (Director) Jonathan Alper 274 Kipling Ct Heathrow FL 32746 ☐ Change ☒ Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP

Jackie Royal, (Director) 276 Almya Dr. Lake Mary FL ☐ Change ☒ Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP

Director Maria Carvalho 230 Courtland Blvd Deltona FL 32738 ☐ Change ☒ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP

☐ Change ☐ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jonathan Alper

7-13-98 4074440404

Date Daytime Phone #

CR2E037 (5/98)