2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 07, 2005
Secretary of State

DOCUMENT# N98000001516

Entity Name: SEASONS OF OPPORTUNITY MINISTRIES, INC.

Current Principal Place of Business:

1510 JENKINS ROAD
BONIFAY, FL 32425

New Principal Place of Business:

Current Mailing Address:

1510 JENKINS ROAD
BONIFAY, FL 32425

New Mailing Address:

FEI Number: 59-3490804 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GOODMAN, JENNIE
1510 JENKINS ROAD
BONIFAY, FL 32425 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: D ( ) Delete
Name: ANDREWS, DIANE
Address: 3057 SHAMROCK NORTH
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete
Name: GLADDEN, PATTY
Address: 404 CLOVERDALE DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete
Name: GOODMAN, JENNIE
Address: 1510 JENKINS ROAD
City-St-Zip: BONIFAY, FL 32425

Title: D ( ) Delete
Name: CORNETT, KIM
Address: 1031 MASTERS DR.
City-St-Zip: MACON, GA 31220

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:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DIANE ANDREWS D 09/07/2005

Electronic Signature of Signing Officer or Director — Date