2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

9/8/2005-90064-001-$70.00-$70.00

DOCUMENT # N99000000806

1. Entity Name

SOUND DOCTRINE CLINIC MINISTRIES, INC.

FILED
05 NOV -1 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
~~116 E. BRAINERD ST.~~ 500 West Avery St. PENSACOLA FL 32501 Pen., FL 32501 US	PO BOX 17693 PENSACOLA FL 32501 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

2nd MOORE CR2E037 (5/05)

4. FEI Number 59-3567080 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~PROPHETESS CYNT. C. ADELL~~
~~116 E. BRAINERD ST.~~ ~~2505 Rogate Circle, Ste. #4~~
~~PENSACOLA FL 32501~~ ~~Windsor Mill, MD 21244~~
C.C.A.

7. Name and Address of New Registered Agent

Name: Prophetess Cynt. C. Adell
Street Address (P.O. Box Number is Not Acceptable): 500 West Avery
City: Pensacola FL 32522
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 ______________________
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25 Due By September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐	$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State

10. CEOD OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ADELL, PROPHETESS C P.O. BOX 17693 PENSACOLA FL 32522--769 D	☐ Delete	☐ Change ☐ Addition REINSTATEMENT 05
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ADELL, VIRGINIA A P.O. BOX 17693 PENSACOLA FL 32522--769 D	☐ Delete	☐ Change ☐ Addition T. Roberts NOV 01 2005
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MALLORY, BARBARA K 500 WEST AVERY ST. PENSACOLA FL 32501 D	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MILLER, BRENDA 2823 N PALMER MILWAUKEE WI 53212 O	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ADELL, NADIO 6051 N 42ND ST MILWAUKEE WI 53209	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition

12. 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 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: Prophetess Cynt. C. Adell 8/25/05 ~~410-298-5363~~ C.C.A.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
850-494-7043