2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N99000000806

FILED Aug 31, 2007 8:00 am Secretary of State 08-31-2007 90002 046 ****70.00

SIGNATURE Signature, typed or proced name of registered agent and bile if approache. (NOTE Registered Agent signature required when reneasing) DATE	1. Entity Nam SOUND [ne	NE CLINIC MINIST										
Suito, Apil. e, etc. City & State City & State Country City & State C	500 WEST AVERY ST PO B				BOX 17693			40130929					
City & State Country City & State Country City & State City & State	Principal Place of Business - No P.O. Box # 3. Mail				iling Address								
Section Sect	Suite, Apt. #, etc. Su				uite, Apt. #, etc.			7232007 C	hg-NP	CR2E0	37 (12/06)		
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 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. 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. 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent are not registered agent agent and accept the obligations of registered agent. 9. Election Campaign Financing	City & State			City	City & State				30				
PROPHETESS CYNT. C. ADELL 500 WEST AVERY PENSACOLA, FL 32522 City FL Zip Code	Zip					Country				₩	Fee Require		
Sireet Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) FL Zip Code City 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 acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or register		6. Name	and Address of Current	Registere	d Agent	Name:	7.	Name and Add	iress 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Signature (september 14, 2007 Signature (september 24, 2007 Signature	500 WEST AVERY												
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 Signature (september 14, 2007 Signature (september 24, 2007 Signature						City	City				Zip Cod	e	
Signature, hypeod or privided name of tregistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ST.	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												
Trust Fund Contribution.													
TITLE							\$5. Add	.00 May Be ed to Fees					
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NAME ADELL, VIRGINIA A STREET ADDRESS P.O. BOX 17693 STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 325227693 CITY-ST-ZIP TITLE D D Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE D D DELET TITLE D D DELET TITLE NAME STREET ADDRESS S24 NORTH 12TH STREET STREET ADDRESS CITY-ST-ZIP TITLE O DELET TITLE STREET ADDRESS S24 NORTH 12TH STREET STREET ADDRESS CITY-ST-ZIP TITLE D DELET TITLE STREET STREET ADDRESS S24 NORTH 12TH STREET STREET ADDRESS S24 NORTH 12TH STREET STREET ADDRESS STREET ADDRE	NAME STREET ADDRESS	ADELL, P P.O. BOX	17693		☐ Delete	NAME STREET ADDRESS					☐ Change	☐ Addition	
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STREET ADDRESS CITY-ST-ZIP 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 supplier that I am an officer or director		•				NAME STREET ADDRESS CITY-ST-ZIP	ained in C	hapter 119 Fig	urida Statutes	I further cer	·	☐ Addition	

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indicated on this report of supplierigental report is true and accurate and that my signature shall have the same legal effect of the corporation or the receiver or trustee empowered to execute this report as fequired by Chapter 617, Florida Statutes changed, or on an attachmed with an address, with all other life empowered.