

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000806

FILED
Jul 12, 2010
Secretary of State

Entity Name: SOUND DOCTRINE CLINIC MINISTRIES, INC.

Current Principal Place of Business:

500 WEST AVERY ST
PENSACOLA, FL 32501 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 11275
MILWAUKEE, WI 53211 US

New Mailing Address:

FEI Number: 59-3567080

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PROPHETESS CYNT. C. ADELL
500 WEST AVERY
PENSACOLA, FL 32501 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: CEO
Name: ADELL, PROPHETESS C
Address: 500 WEST AVERY ST.
City-St-Zip: PENSACOLA, FL 32501 3

Title: O
Name: ADELL, VIRGINIA A
Address: 6044 N. SHERMAN BLVD
City-St-Zip: MILWAUKEE, WI 53209

Title: D
Name: MALLORY, BARBARA K
Address: 500 WEST AVERY ST.
City-St-Zip: PENSACOLA, FL 32501

Title: D
Name: BROWN, DOROTHY D
Address: 1422 NORTH 7TH AV.
City-St-Zip: PENSACOLA, FL 32503

Title: O
Name: ADELL, NADIO
Address: 6044 N SHERMAN BLVD.
City-St-Zip: MILWAUKEE, WI 53209

Title: O
Name: RANDOLPH, HELEN
Address: 2758 N PALMER
City-St-Zip: MILWAUKEE, WI 53212

I hereby 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 all other like empowered.

SIGNATURE: PROPHETESS CYNT C. ADELL

CEO

07/12/2010

Electronic Signature of Signing Officer or Director

Date