

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006537

1. Entity Name

SOTERIA DEVELOPMENT FOUNDATION, INC.

Principal Place of Business

Mailing Address

5497 N.W. 53RD ST.  
OCALA FL 34482

5497 N.W. 53RD ST.  
OCALA FL 34482-2869

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOFTON, FREDDIE H  
5497 N.W. 53RD ST.  
OCALA FL 34482

Name

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

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.

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D/P ☐ Delete  
NAME JOHNSON, LEON A  
STREET ADDRESS 13850 N.E. 5TH ST.  
CITY-ST-ZIP WILLISTON FL 32696

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D/VP ☐ Delete  
NAME EARLEY, WILLIE E  
STREET ADDRESS 13435 N.E. 21ST AVE. RD.  
CITY-ST-ZIP SPARR FL 32192

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D/T ☐ Delete  
NAME LOFTON, FREDDIE H  
STREET ADDRESS 5497 N.W. 53RD ST.  
CITY-ST-ZIP Ocala FL 34482

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME ~~Ruth~~  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME Secretary  
STREET ADDRESS Ruth Lofton  
CITY-ST-ZIP 5497 NW 53rd St  
Ocala, FL 34482

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-622-1873

FILED  
May 18, 2000 8:00 am  
Secretary of State

05-18-2000 90383 048 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE