

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006537

1. Entity Name

SOTERIA DEVELOPMENT FOUNDATION, INC.

Principal Place of Business

1469 N MAGNOLIA AVE
OCALA FL 34475
US

Mailing Address

PO BOX 4965
OCALA FL 34478
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3607541

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

TITLE DP ☒ Delete
NAME JOHNSON, LEON A
STREET ADDRESS 13850 N.E. 5TH ST.
CITY-ST-ZIP WILLISTON FL 32696

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

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

TITLE SD ☐ Delete
NAME LOFTON, RUTH
STREET ADDRESS 5497 NW 53RD ST
CITY-ST-ZIP Ocala FL 34482

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Change ☐ Addition
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]* **REQUIRE:** *[Signature]*

FILED
Jun 08, 2001 8:00 am
Secretary of State

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DO NOT WRITE IN THIS SPACE

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