

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000003604

**Entity Name:** SALVATION ROAD FELLOWSHIP CENTER, INC.**Current Principal Place of Business:**3040 S. MILITARY TRAIL  
SUITE L & K  
LAKE WORTH, FL 33463**Current Mailing Address:**2090 RESTON CIRCLE  
ROYAL PALM BEACH, FL 33411 US**FEI Number:** 80-0831796**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DEPAS, WILSON SR.  
2090 RESTON CIRCLE  
ROYAL PALM BEACH, FL 33411 US*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

**Officer/Director Detail :**

Title	P
Name	WILSON, DEPAS
Address	2090 RESTON CIRCLE
City-State-Zip:	ROYAL PALM BEACH FL 33411

Title	SEC.
Name	BARTHELEMY, JESSICA
Address	1007 GREENPINE BLVD. APT. F1
City-State-Zip:	WEST PALM BEACH FL 33409

Title	M
Name	DEPAS, CHANTAL
Address	2090 RESTON CIRCLE
City-State-Zip:	ROYAL PALM BEACH FL 33411

Title	VP
Name	GABARD, GARRY
Address	5382 BLUEBERRY JILL AVE.
City-State-Zip:	LAKE WORTH FL 33463

Title	T
Name	DEPAS, AHBDJA A.
Address	2090 RESTON CIRCLE
City-State-Zip:	ROYAL PALM BEACH FL 33411

Title	M
Name	CHERY, PAULE
Address	6301 SILVER MOON
City-State-Zip:	LAKE WORTH FL 33463

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:** WILSON DEPAS

PRES.

04/30/2015

Electronic Signature of Signing Officer/Director Detail

Date