

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO1000001837

Entity Name

WELLS OF SALVATION, INC.

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90129 031 ****70.00

Principal Place of Business

2 S. COMMERCIAL ST.
COLEMAN FL 33521

Mailing Address

P.O. BOX 10
COLEMAN FL 33521

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3702823

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARMAN, GUY
3801 S. OCEAN DR. 4Z
HOLLYWOOD FL 33019

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

0. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, OBIE JR.	
STREET ADDRESS	124 W. DADE	
CITY-ST-ZIP	BUSHNELL FL 33513	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, KAREN S	
STREET ADDRESS	124 W. DADE	
CITY-ST-ZIP	BUSHNELL FL 33513	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CLEMENCE, DAVID E	
STREET ADDRESS	11332 LOCKWOOD ST.	
CITY-ST-ZIP	LEESBURG FL 34788	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOODS, ELMORA H	
STREET ADDRESS	9921 CR 229	
CITY-ST-ZIP	WOLDWOOD FL 34785	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COSTANZA, ROBERT	
STREET ADDRESS	P.O. BOX 39	
CITY-ST-ZIP	BUSHELL FL 33513	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODNEY ARNETT	
STREET ADDRESS	P.O. BOX 821	
CITY-ST-ZIP	HARROGATE, TN. 37752	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANITA K. ARNETT	
STREET ADDRESS	P.O. BOX 821	
CITY-ST-ZIP	HARROGATE, TN. 37752	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

2. 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: Obie Jones Jr. 1-31-02 (352)569-0951
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E037 (9/01)