

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90266 011 \*\*\*\*70.00

**DOCUMENT # N01000001837**

1. Entity Name

WELLS OF SALVATION, INC.



Principal Place of Business

152 S. COMMERCIAL ST.  
COLEMAN FL 33521

Mailing Address

P.O. BOX 10  
COLEMAN FL 33521

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

59-3702823

Applied For

Not Applicable

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

JONES, OBIE JR  
2762 CR 762  
WEBSTER FL 33597

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. I am familiar with, and accept the obligations of registered agent.

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**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME JONES, OBIE JR.  
STREET ADDRESS 124 W. DADE  
CITY-ST-ZIP BUSHNELL FL 33513

TITLE ☐ Delete  
NAME JONES, KAREN S.  
STREET ADDRESS 124 W. DADE  
CITY-ST-ZIP BUSHNELL FL 33513

TITLE ☐ Delete  
NAME ARNETT, RODNEY  
STREET ADDRESS P.O BOX 821  
CITY-ST-ZIP HARROGATE TN 37752

TITLE ☐ Delete  
NAME WOODS, ELNORA H  
STREET ADDRESS 9921 CR 229  
CITY-ST-ZIP WOLDWOOD FL 34785

TITLE ☐ Delete  
NAME ARNETT, ANITA K  
STREET ADDRESS P.O BOX 821  
CITY-ST-ZIP HARROGATE TN 37752

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

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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:

*Obie Jones Jr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04 352-255-3547  
Date Daytime Phone #