

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 08:00 AM
Secretary of State

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



04112006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|--|--------------------------------|
| 4. FEI Number 59-3702823 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

JONES, OBIE JR
2762 CR 762
WEBSTER, FL 33597

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U000000510967^M

04/29/06 80030-006 70.00^M

10. OFFICERS AND DIRECTORS

| | |
|----------------|--------------------|
| TITLE | D |
| NAME | JONES, OBIE JR. |
| STREET ADDRESS | 124 W. DADE |
| CITY-ST-ZIP | BUSHNELL, FL 33513 |
| TITLE | D |
| NAME | JONES, KAREN S |
| STREET ADDRESS | 124 W. DADE |
| CITY-ST-ZIP | BUSHNELL, FL 33513 |
| TITLE | D |
| NAME | WOODS, ELNORA H |
| STREET ADDRESS | 9921 CR 229 |
| CITY-ST-ZIP | WOLDWOOD, FL 34785 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. 4-11-06 352/569/0951

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #