

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90096 049 ****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

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

7. Name and Address of New Registered Agent

Name **Obie Jones Jr**

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

2762 CR 762

City **Webster**

FL Zip Code **33597**

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: **Obie Jones Jr. Obie Jones Jr.**

2-5-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE **D** ☐ 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
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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. Obie Jones Jr.** **2-5-03** **352562-0951**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)