

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90044 011 ****61.25

DOCUMENT # N01000002579

1. Entity Name
SOUL SAVING STATION SERVICE CENTER, INC.



Principal Place of Business
1880 WASHINGTON AVE
OPA LOCKA, FL 33054

Mailing Address
1880 WASHINGTON AVE
OPA LOCKA, FL 33054

DO NOT WRITE IN THIS SPACE

400000000



01262008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
65-1106652

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MURRAY, JASON M
100 SE 2 STREET STE 4000
MIAMI, FL 33131

**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

Jason M. Murray

(NOTE: Registered Agent signature required when restate.)

2/13/08
DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MURRAY, JAMES
STREET ADDRESS 1880 WASHINGTON AVE
CITY-ST-ZIP OPA LOCKA, FL 33054

TITLE VD
NAME MURRAY, EULA
STREET ADDRESS 1880 WASHINGTON AVE
CITY-ST-ZIP OPA LOCKA, FL 33054

TITLE SD
NAME JEAN, MILDRED
STREET ADDRESS 1880 WASHINGTON AVE
CITY-ST-ZIP OPA LOCKA, FL 33054

TITLE *P*
NAME *Murray, Jason M.*
STREET ADDRESS *1880 Washington Ave.*
CITY-ST-ZIP *Opa Locka, Fl 33054*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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:

Jason M. Murray

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 6-2008 305-6884543
Date Daytime Phone #