

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000002579

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Entity Name:** SOUL SAVING STATION SERVICE CENTER, INC.

**Current Principal Place of Business:**

1880 WASHINGTON AVE  
OPA LOCKA, FL 33054

**New Principal Place of Business:**

**Current Mailing Address:**

1880 WASHINGTON AVE  
OPA LOCKA, FL 33054

**New Mailing Address:**

**FEI Number:** 65-0116450

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** MURRAY, JAMES  
**Address:** 1880 WASHINGTON AVE  
**City-St-Zip:** OPA LOCKA, FL 33054

**Title:** VD  
**Name:** MURRAY, EULA  
**Address:** 1880 WASHINGTON AVE  
**City-St-Zip:** OPA LOCKA, FL 33054

**Title:** SD  
**Name:** JEAN, MILDRED  
**Address:** 1880 WASHINGTON AVE  
**City-St-Zip:** OPA LOCKA, FL 33054

**Title:** D  
**Name:** MURRAY, JASON M  
**Address:** 1880 WASHINGTON AVE  
**City-St-Zip:** OPA LOCKA, FL 33084

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** JEAN MILDRED

SD

04/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date