

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000000034

1. Entity Name
SAVE MY CHILDREN MINISTRIES, INC.



Principal Place of Business
**305 PATTY LYNN DR.
TALLAHASSEE, FL 32305**

Mailing Address
**PO BOX 5361
TALLAHASSEE, FL 32314**

FILED
05 SEP -1 PM 12:30

SECURITY
TALLAHASSEE, FL



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06272005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
01-0568340

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**WARD, BERTHA W
305 PATTY LYNN DR.
TALLAHASSEE, FL 32305**

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

Filing Fee is \$61.25
Due by September 7, 2005

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **CHAIRES, JEFFANNA**
STREET ADDRESS **1539 CROWN RIDGE RD.**
CITY-ST-ZIP **TALLAHASSEE, FL 32310**

TITLE **000059394056** ☐ Addition
NAME **09/07/05--01029--019** ****\$61.25**

TITLE **D** ☐ Delete
NAME **WARD, DOC**
STREET ADDRESS **305 PATTY LYNN DR.**
CITY-ST-ZIP **TALLAHASSEE, FL 32305**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **JONES, DEBRA**
STREET ADDRESS **1069 LONGSTREET DR.**
CITY-ST-ZIP **TALLAHASSEE, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **WARD, BERTHA W**
STREET ADDRESS **305 PATTY LYNN DR.**
CITY-ST-ZIP **TALLAHASSEE, FL 32305**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **HOLMES, JEWEL W**
STREET ADDRESS **1522 CROWN RIDGE RD.**
CITY-ST-ZIP **TALLAHASSEE, FL 32310**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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:

Bertha W. Ward
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/1/05
Date

942-6640
Daytime Phone #