

2006 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

06 MAY -1 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05012006 No Chg-NP CR2E037 (4/06)

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4. FEI Number
01-0568340

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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

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 May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

600075046696
05/23/06--01006--025 **61.25

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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:

Bertha W. Ward

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-06

Date

942 6640

Daytime Phone #