

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jul 08, 2004  
Secretary of State**

DOCUMENT# N02000006762

Entity Name: SALVATION MISSION, INC.

**Current Principal Place of Business:**

318 INDIAN TRACE #236  
WESTON, FL 33326

**New Principal Place of Business:**

PO BOX 1243  
PORT ST. JOE, FL 33457

**Current Mailing Address:**

318 INDIAN TRACE #236  
WESTON, FL 33326

**New Mailing Address:**

PO BOX 1243  
PORT ST. JOE,, FL 33457

FEI Number: 56-2291313      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

NICKERSON, JANICE T  
318 INDIAN TRACE #236  
WESTON, FL 33326      US

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

NICKERSON, JANICE T  
PO BOX 1243  
PORT ST. JOE, FL 33457      US

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: JANICE T NICKERSON      07/08/2004  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: NICKERSON, JANICE T  
Address: 318 INDIAN TRACE #236  
City-St-Zip: WESTON, FL 33326

Title: D      ( ) Delete  
Name: NICKERSON, ROGER A  
Address: 318 INDIAN TRACE #236  
City-St-Zip: WESTON, FL 33326

Title: D      ( ) Delete  
Name: HENNEBERY, RICHARD  
Address: 2005 SW 85TH AVE  
City-St-Zip: N LAUDERDALE, FL 33068

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D      (X) Change ( ) Addition  
Name: NICKERSON, JANICE T  
Address: PO BOX 1243  
City-St-Zip: PORT ST. JOE, FL 33457

Title: D      (X) Change ( ) Addition  
Name: NICKERSON, ROGER A  
Address: PO BOX 1243  
City-St-Zip: PORT ST. JOE, FL 33457

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      ( ) Change (X) Addition  
Name: KOVEN, JACK  
Address: 287 ROBERTS CEMETARY RD  
City-St-Zip: WEWAHITCHKA, FL 32465

Title: D      ( ) Change (X) Addition  
Name: KOVEN, DEE  
Address: 287 ROBERTS CEMETARY RD  
City-St-Zip: WEWAHITCHKA, FL 33465

Title: D      ( ) Change (X) Addition  
Name: COSCIA, MARYANN  
Address: 287 ROBERTS CEMETARY RD  
City-St-Zip: WEWAHITCHKA, FL 33465

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JANICE T NICKERSON      D      07/08/2004  
Electronic Signature of Signing Officer or Director      Date