

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000006762
 1. Entity Name
 SALVATION MISSION, INC.



Principal Place of Business Mailing Address
 PO BOX 1243 PO BOX 1243
 PORT ST. JOE, FL 33457 PORT ST. JOE, FL 33457



DO NOT WRITE IN THIS SPACE

03312005 No Chg-NP CR2E037 (10/03)
 4. FEI Number Applied For
 56-2291313 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 NICKERSON, JANICE T
 PO BOX 1243
 PORT ST. JOE, FL 33457

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	NICKERSON, JANICE T
STREET ADDRESS	PO BOX 1243
CITY-ST-ZIP	PORT ST. JOE, FL 33457
TITLE	D
NAME	NICKERSON, ROGER A
STREET ADDRESS	PO BOX 1243
CITY-ST-ZIP	PORT ST. JOE, FL 33457
TITLE	D
NAME	HENNEBERY, RICHARD
STREET ADDRESS	2005 SW 85TH AVE
CITY-ST-ZIP	N LAUDERDALE, FL 33068
TITLE	D
NAME	KOVEN, JACK
STREET ADDRESS	287 ROBERTS CEMETARY RD
CITY-ST-ZIP	WEWAHITCHKA, FL 32465
TITLE	D
NAME	KOVEN, DEE
STREET ADDRESS	287 ROBERTS CEMETARY RD
CITY-ST-ZIP	WEWAHITCHKA, FL 33465
TITLE	D
NAME	COSCIA, MARYANN
STREET ADDRESS	287 ROBERTS CEMETARY RD
CITY-ST-ZIP	WEWAHITCHKA, FL 33465

U00000300623
 04/12/05-80028-016 61.25
 U00000300623
 04/12/05-80028-017 8.75
DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Janice T Nickerson Janice T. Nickerson 04/10/05 (850) 966 4576
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #