

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
PO BOX 1243
PORT ST. JOE, FL 33457

Mailing Address
PO BOX 1243
PORT ST. JOE, FL 33457



03312005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2291313

Applied For
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 _____
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, 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

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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) 8664576
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #