

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006762

FILED
Apr 28, 2006
Secretary of State

Entity Name: SALVATION MISSION, INC.

Current Principal Place of Business:

PO BOX 1243
PORT ST. JOE, FL 33457

New Principal Place of Business:

Current Mailing Address:

PO BOX 1243
PORT ST. JOE,, FL 33457

New Mailing Address:

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
PO BOX 1243
PORT ST. JOE, FL 33457 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 NICKERSON

D

04/28/2006

Electronic Signature of Signing Officer or Director

Date