## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000006762

Entity Name: SALVATION MISSION, INC.

FILED Apr 30, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** PO BOX 1243 2005 SW 85TH AVE PORT ST. JOE, FL 33457 N. LAUDERDALE, FL 33068 **Current Mailing Address: 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: Name and Address of New Registered Agent: NICKERSON, JANICE T NICKERSON, JANICE T PO BOX 1243 2005 SW 85TH AVE PORT ST. JOE, FL 33457 N. LAUDERDALE, FL 33068 US 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 04/30/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition NICKERSON, JANICE T Name: Name: PO BOX 1243 Address: Address: City-St-Zip: PORT ST. JOE, FL 33457 City-St-Zip: Title: Title: ( ) Delete () Change () Addition NICKERSON, ROGER A Name: Name: Address: PO BOX 1243 Address: City-St-Zip: PORT ST. JOE, FL 33457 City-St-Zip: Title: () Delete Title: () Change () Addition HENNEBERY, RICHARD Name: Name: Address: 2005 SW 85TH AVE Address: City-St-Zip: N LAUDERDALE, FL 33068 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: KOVEN, JACK Name: 287 ROBERTS CEMETARY RD Address: Address: City-St-Zip: WEWAHITCHKA, FL 32465 City-St-Zip: Title: () Delete Title: () Change () Addition KOVEN, DEE Name: Name: 287 ROBERTS CEMETARY RD Address: Address: City-St-Zip: WEWAHITCHKA, FL 33465 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition COSCIA, MARYANN COSCIA. MARYANN Name: Name: Address: 287 ROBERTS CEMETARY RD Address: 285 ROBERTS CEMETARY RD

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

SIGNATURE: JANICE T. NICKERSON D 04/30/2007

WEWAHITCHKA, FL 33465

City-St-Zip:

WEWAHITCHKA, FL 33465