# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 14, 2007**
**Secretary of State**

DOCUMENT# N02000008308

**Entity Name:** S.A.L.T. MINISTRIES, INC.

**Current Principal Place of Business:**

987 GROVE PARK BLVD
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

1121 KINGSLAND CT
JACKSONVILLE, FL 32259

**Current Mailing Address:**

P.O. BOX 58145
JACKSONVILLE, FL 32241

**New Mailing Address:**

**FEI Number: 30-0134113** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

JOHNSON, DONNA
P.O. BOX 58145
JACKSONVILLE, FL 32241 US

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

FENCHEL, DONNA
1121 KINGSLAND CT
JACKSONVILLE, FL 32259 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: DONNA FENCHEL 04/14/2007
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: DS ( ) Delete
Name: JOHNSON, DONNA
Address: 1121 KINGSLAND CT
City-St-Zip: JACKSONVILLE, FL 32259

Title: DT ( ) Delete
Name: DE LOS SANTOS, TIM
Address: 4861 MOUNTAIN BROOK LANE WEST
City-St-Zip: JACKSONVILLE, FL 32224

Title: DP ( ) Delete
Name: O'BRIEN, SHAUNA
Address: 987 GROVE PARK BLVD
City-St-Zip: JACKSONVILLE, FL 32216

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

Title: DS (X) Change ( ) Addition
Name: FENCHEL, DONNA
Address: 1121 KINGSLAND CT
City-St-Zip: JACKSONVILLE, FL 32259

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: DONNA FENCHEL DS 04/14/2007
Electronic Signature of Signing Officer or Director Date