

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008308

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

FILED
Apr 15, 2009
Secretary of State

Current Principal Place of Business:

1121 KINGSLAND CT
JACKSONVILLE, FL 32259

New Principal Place of Business:

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:

FENCHEL, DONNA
1121 KINGSLAND CT
JACKSONVILLE, FL 32259 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: DS () Delete
Name: FENCHEL, 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: () Change () Addition
Name:
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 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

04/15/2009

Electronic Signature of Signing Officer or Director

Date