

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000008308

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

**FILED**  
**Jan 28, 2011**  
**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  
Name: FENCHEL, DONNA  
Address: 1121 KINGSLAND CT  
City-St-Zip: JACKSONVILLE, FL 32259

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

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

I hereby 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 all other like empowered.

SIGNATURE: DONNA FENCHEL

DS

01/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date