

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                    |                                                                                            |                                                                            |                                                                                                                                                                                             |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| <b>DOCUMENT # N03000001964</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                    |           |                                                                            | <b>FILED</b><br><b>04 MAR -2 PM 12:42</b><br><b>SECRETARY OF STATE</b><br><b>TALLAHASSEE, FLORIDA</b><br> |          |
| <b>1. Entity Name</b><br><b>SOUL SAVING OUTREACH MINISTRIES, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                    |                                                                                            |                                                                            |                                                                                                                                                                                             |          |
| <b>Principal Place of Business</b><br><b>233 SE MARINO WAY</b><br><b>HIGH SPRINGS, FL 32643</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                    | <b>Mailing Address</b><br><b>233 SE MARINO WAY</b><br><b>HIGH SPRINGS, FL 32643</b>        |                                                                            |                                                                                                                                                                                             |          |
| <b>2. Principal Place of Business</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                    | <b>3. Mailing Address</b>                                                                  |                                                                            | <b>02062004 Chg-NP CR2E037 (10/03)</b>                                                                                                                                                      |          |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                    | Suite, Apt. #, etc.                                                                        |                                                                            | <b>4. FEI Number</b> <input checked="" type="checkbox"/> <b>Applied For</b><br><input type="checkbox"/> <b>Not Applicable</b>                                                               |          |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                    | City & State                                                                               |                                                                            | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                      |          |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country                                                                                            | Zip                                                                                        | Country                                                                    |                                                                                                                                                                                             |          |
| <b>6. Name and Address of Current Registered Agent</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                    |                                                                                            | <b>7. Name and Address of New Registered Agent</b>                         |                                                                                                                                                                                             |          |
| <b>WHITTY, EARL D</b><br><b>233 SE MARINO WAY</b><br><b>HIGH SPRINGS, FL 32643</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                    |                                                                                            | Name                                                                       |                                                                                                                                                                                             |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                    |                                                                                            | Street Address (P.O. Box Number is Not Acceptable)                         |                                                                                                                                                                                             |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                    |                                                                                            |                                                                            |                                                                                                                                                                                             |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                    |                                                                                            | City                                                                       | <b>FL</b>                                                                                                                                                                                   | Zip Code |
| <b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                    |                                                                                            |                                                                            |                                                                                                                                                                                             |          |
| <b>SIGNATURE</b> _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                    |                                                                                            |                                                                            |                                                                                                                                                                                             |          |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2004</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                    | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> |                                                                            | <b>\$5.00 May Be Added to Fees</b>                                                                                                                                                          |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                    |                                                                                            |                                                                            | <b>Make check payable to</b><br><b>Florida Department of State</b>                                                                                                                          |          |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                    |                                                                                            | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>               |                                                                                                                                                                                             |          |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>D</b><br><b>WHITTY, EARL D</b><br><b>233 SE MARINO WAY</b><br><b>HIGH SPRINGS, FL 32643</b>     | <input type="checkbox"/> Delete                                                            | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>600030588436</b><br><b>03/16/04--01108--019 **61.25</b>                                                             |          |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>D</b><br><b>WHITTY, ETHEL D</b><br><b>233 SE MARINO WAY</b><br><b>HIGH SPRINGS, FL 32643</b>    | <input type="checkbox"/> Delete                                                            | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                           |          |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>D</b><br><b>JOHNSON, NAOMI M</b><br><b>506 MADISON AVENUE</b><br><b>DAYTONA BEACH, FL 32114</b> | <input type="checkbox"/> Delete                                                            | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                           |          |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                    | <input type="checkbox"/> Delete                                                            | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                           |          |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                    | <input type="checkbox"/> Delete                                                            | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                           |          |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                    | <input type="checkbox"/> Delete                                                            | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                           |          |
| <b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b> |                                                                                                    |                                                                                            |                                                                            |                                                                                                                                                                                             |          |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                    |                                                                                            | <b>2-2-04</b>                                                              |                                                                                                                                                                                             |          |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                    |                                                                                            | <small>Date Daytime Phone #</small>                                        |                                                                                                                                                                                             |          |