



**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Jul 20, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N03000005423</b> 1. Entity Name <b>SALVATION TODAY MINISTRIES, INC.</b>		
Principal Place of Business      Mailing Address <b>305 TUSCARORA STREET</b> <b>305 TUSCARORA STREET</b> <b>LAKELAND FL 33805</b> <b>LAKELAND FL 33805</b>		
2. Principal Place of Business Suite, Apt. #, etc		3. Mailing Address Suite, Apt. #, etc
City & State		City & State
Zip      Country		Zip      Country
6. Name and Address of Current Registered Agent  <b>CARTER, AUBAN CURTIS</b> <b>305 TUSCARORA STREET</b> <b>LAKELAND FL 33805</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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.		
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____		
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>Make Check Payable to Florida Department of State</b>		
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>
TITLE	D <input type="checkbox"/> Delete <b>CARTER, AUBAN CURTIS</b> <b>305 TUSCARORA STREET</b> <b>LAKELAND FL 33805</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>U00000373714</b> <b>07/20/05-80004-018 61.25</b>
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	D <input type="checkbox"/> Delete <b>CARTER, ADELINE A</b> <b>305 TUSCARONA ST.</b> <b>LAKELAND FL 33805</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	D <input type="checkbox"/> Delete <b>CLARK, HOWARD</b> <b>PO BOX 5223</b> <b>LAKELAND FL 33807</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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		
SIGNATURE: <i>Auban C. Carter</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		7-17-05      863-687-9364 Date      Daytime Phone #