

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

FILED
Feb 06, 2006 08:00 AM
Secretary of State



1st MOORE CR2E037 (10/04)

DOCUMENT # N03000005423
1. Entity Name
SALVATION TODAY MINISTRIES, INC.

Principal Place of Business: **305 TUSCARORA STREET LAKELAND FL 33805**
Mailing Address: **305 TUSCARORA STREET LAKELAND FL 33805**

2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country
3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

4. FEI Number: **45-0524600** Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent: **CARTER, AUBAN CURTIS 305 TUSCARORA STREET LAKELAND FL 33805**

7. Name and Address of New Registered Agent: Name, Street Address (P.O. Box Number is Not Acceptable), City, State (FL), 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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

FILE NOW: FEE IS \$61.25 Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARTER, AUBAN CURTIS		NAME		
STREET ADDRESS	305 TUSCARORA STREET		STREET ADDRESS		
CITY-STATE-ZIP	LAKELAND FL 33805		CITY-STATE-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARTER, ADELINE A		NAME		
STREET ADDRESS	305 TUSCARONA ST.		STREET ADDRESS		
CITY-STATE-ZIP	LAKELAND FL 33805		CITY-STATE-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CLARK, HOWARD		NAME		
STREET ADDRESS	PO BOX 5223		STREET ADDRESS		
CITY-STATE-ZIP	LAKELAND FL 33807		CITY-STATE-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		

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02/17/06-80016-012 61.25

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.

SIGNATURE: *Auban Curtis Carter* **Auban Curtis Carter** 1-31-05 863-687-9364