

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2007 08:00 A
Secretary of State

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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip Country



1st MOORE CR2E037 (10/06)

4. FEI Number 45-0524600	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CARTER, AUBAN C 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 FL Zip Code
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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 registering) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete CARTER, AUBAN C	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000000661744 03/20/07-80052-018 70.00
STREET ADDRESS	305 TUSCARORA STREET	NAME	
CITY-ST-ZIP	LAKELAND FL 33805	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33805	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete CARTER, ADELINE A	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	305 TUSCARONA ST.	NAME	
CITY-ST-ZIP	LAKELAND FL 33805	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33805	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete GORDON, SHIRLEY	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	915 WEST 13TH ST	NAME	
CITY-ST-ZIP	LAKELAND FL 33805	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33805	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 C. Carter*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: _____ Deline Phone # _____