

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90030 035 ****61.25

DOCUMENT # N04000010390

1. Entity Name
SOUL SAVING CHURCH, INC.



Principal Place of Business
3262 NOLAN STREET
JACKSONVILLE, FL 32254

Mailing Address
3262 NOLAN STREET
JACKSONVILLE, FL 32254

400000



03102008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 84-1690889	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, GLADYS G
3262 NOLAN STREET
JACKSONVILLE, FL 32254

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SMITH, GLADYS G
STREET ADDRESS	3262 NOLAN STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32254

TITLE	D
NAME	SMITH, GAY E
STREET ADDRESS	3262 NOLAN STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32254

TITLE	D
NAME	JOHNSON, ERNEST
STREET ADDRESS	3262 NOLAN STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32254

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 another like empowered.

SIGNATURE:

Gladys G Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GLADYS G SMITH 3-13-08

Date

904-860-4960
Daytime Phone #