


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000010932	
1. Entity Name SOUL SAVING STREET MINISTRY INC	

Principal Place of Business 23104 DOVER DRIVE LAND O' LAKES, FL 34639	Mailing Address 23104 DOVER DRIVE LAND O' LAKES, FL 34639
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DO NOT WRITE IN THIS SPACE



02202006 No Chg-NP CR2E037 (11/05)

4. FEI Number 86-1123016	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

DUNKERLEY, GINA
23104 DOVER DRIVE
LAND O' LAKES, FL 34639

**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 reappointing)

DATE

**Filing Fee is \$81.25
Due by May 1, 2006**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

U00000444654
03/07/06-80012-005 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD DUNKERLEY, WAYNE A 23104 DOVER DRIVE LAND O' LAKES, FL 34639
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DUNKERLEY, GINA 23104 DOVER DRIVE LAND O' LAKES, FL 34639
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BAIER, JENNIFER 6224 OLD PASCO RD. WESLEY CHAPEL, FL 33544
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAN HEERDEN, JOE PASTOR 6224 OLD PASCO RD. WESLEY CHAPEL, FL 33544
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABAN, MIGUEL M 16550 OXENHAM AVE. SPRING HILL, FL 34610
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 817, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/23/2006 - 813-929-9720