2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010932

FILED Apr 09, 2007 Secretary of State

Entity Name: SOUL SAVING STREET MINISTRY INC

	Principal Plac	e of Business:	New Principal Place	New Principal Place of Business:	
	OVER DRIVE LAKES, FL 34	639			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	OVER DRIVE LAKES, FL 34	639			
FEI Numbe	er: 86-1123016	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name an	d Address of	Current Registered Agent:	Name and Address	of New Registered Agent:	
23104 DC LAND O'	RLEY, GINA DVER DRIVE LAKES, FL 34 re named entity		purpose of changing its registere	ed office or registered agent, or both,	
	te of Florida.			3 3 , , ,	
SIGNATL					
	Electro	nic Signature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address:	DUNKERLEY, 23104 DOVER	RDRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
City-St-Zip:					
City-St-Zip: Title: Name: Address: City-St-Zip:	DUNKERLEY, 23104 DOVER	RDRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	DUNKERLEY, 23104 DOVER LAND O' LAKE SD (BAIER, JENNI 6224 OLD PAS	GINA R DRIVE ES, FL 34639) Delete FER	Name: Address:	() Change () Addition () Change () Addition	
Title: Name: Address: City-St-Zip: Title: Name: Address:	DUNKERLEY, 23104 DOVER LAND O' LAKE SD (BAIER, JENNI 6224 OLD PAS WESLEY CHA D (VAN HEERDEI 6224 OLD PAS	GINA R DRIVE SS, FL 34639) Delete FER SCO RD. PEL, FL 33544) Delete N, JOE PASTOR	Name: Address: City-St-Zip: Title: Name: Address:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WAYNE A. DUNKERLEY PTD 04/09/2007