

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002627

FILED
Jan 11, 2009
Secretary of State

Entity Name: SOULS SALVATION ASSEMBLY INC.

Current Principal Place of Business:

610 N-H-STREET APT. 4A
LAKE WORTH, FL 33460

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 967
LAKE WORTH, FL 33460

New Mailing Address:

FEI Number: 02-0741667

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KHALIL, MAHROUS
610 N-H-STREET APT. 4A
LAKE WORTH, FL 33460 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DEMETRIOUS, ADEL DR.
Address: 69 WEST GRANDA BLVD.
City-St-Zip: ORMOND BEACH, FL 32174

Title: V () Delete
Name: MIKHAEL, GEORGE
Address: 1756 TRIBUTORY LANE
City-St-Zip: PORT ORANGE, FL 32128

Title: T () Delete
Name: ARMANYOUS, SHOKRI
Address: 108 WEYBRIDGE CIRCLE
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: VTS () Delete
Name: INDARAWIS, MONEERA
Address: 610 N-H-STREET APT. 4A
City-St-Zip: LAKE WORTH, FL 33460

Title: VS (X) Delete
Name: KHALIL, MAHROUS K
Address: 610 N-H-STREET APT. 4A
City-St-Zip: LAKE WORTH, FL 33460

Title: VS (X) Delete
Name: FEREK, KAMAL M
Address: 496 PELICAN LANE L
City-St-Zip: JUPITER, FL 33458

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KHALIL, MAHROUS
Address: 610 N-H-STREET APT 4A
City-St-Zip: LAKE WORTH, FL 33460

Title: V (X) Change () Addition
Name: FEREK, KAMAL
Address: 496 PELICAN LANE L
City-St-Zip: JUPITER, FL 33458

Title: T (X) Change () Addition
Name: INDARAWIS, MONEERA
Address: 610 N-H-STREET APT 4A
City-St-Zip: LAKE WORTH, FL 33460

Title: VTS (X) Change () Addition
Name: ARMANYOUS, SHOKRI
Address: 108 WEY BRIDGE CIRCLE
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: M.K.KHALIL

P

01/11/2009

Electronic Signature of Signing Officer or Director

Date