

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002627

FILED  
Apr 22, 2010  
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  
**Name:** DEMETRIOUS, ADEL  
**Address:** 69 WEST GRANDA BLV.  
**City-St-Zip:** ORMAND BEACH, FL 32174

**Title:** V  
**Name:** KHALIL, MAHROUS  
**Address:** 610 N-H-STREET APT 4A  
**City-St-Zip:** LAKE WORTH, FL 33460

**Title:** T  
**Name:** INDARAWIS, MONEERA  
**Address:** 610 N-H-STREET APT 4A  
**City-St-Zip:** LAKE WORTH, FL 33460

**Title:** VT  
**Name:** SAIED, MAGDA  
**Address:** 609 N. DIXIE HWY  
**City-St-Zip:** LAKE WORTH, FL 33460

**Title:** S  
**Name:** MORCOS, SAMIA  
**Address:** 69 WEST GRANDA BLV.  
**City-St-Zip:** ORMAND BEACH, FL 32174

I hereby 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 all other like empowered.

**SIGNATURE:** K.KHALIL

V

04/22/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date