

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004913

FILED
Apr 27, 2009
Secretary of State

Entity Name: SONS OF SALVATION, INC.

Current Principal Place of Business:

3004 MELODY LANE
MISSION, TX 78574

New Principal Place of Business:

520 CALIBRE LAKE PKWY SE
ATLANTA, GA 30082

Current Mailing Address:

PO BOX 1686
MISSION, TX 78573

New Mailing Address:

PO BOX 3430
ATLANTA, GA 30302

FEI Number: 20-4087386

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOGGS, GREG
968 PADDINGTON TERRACE
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

BOGGS, GREG
968 PADDINGTON
LAKE MARY, FL 32746 US

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: GREG BOGGS

04/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WARNER, DOW
Address: 3105 MELODY LANE
City-St-Zip: MISSION, TX 78574

Title: V () Delete
Name: BOGGS, GREG
Address: 968 PADDINGTON TERRACE
City-St-Zip: LAKE MARY, FL 32746

Title: D () Delete
Name: MOGA, APRIL
Address: 3004 MELODY LANE
City-St-Zip: MISSION, TX 78574

Title: D () Delete
Name: WARNER, CINDEE
Address: 3105 MELODY LANE
City-St-Zip: MISSION, TX 78574

Title: T () Delete
Name: COKER, CHARLES
Address: 1265 BRAMLEY LANE
City-St-Zip: DELAND, FL 32720

Title: D () Delete
Name: RECTOR, JODY
Address: 110 UNION
City-St-Zip: SPRINGBORO, PA 16435

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: MOGA, APRIL
Address: 828 FRANKLIN ST APT 407
City-St-Zip: SAN FRANCISCO, CA 94102

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

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: DOW WARNER

P

04/27/2009

Electronic Signature of Signing Officer or Director

Date