

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004913

FILED  
May 10, 2012  
Secretary of State

**Entity Name:** SONS OF SALVATION, INC.

**Current Principal Place of Business:**

520 CALIBRE LAKE PKWY SE  
ATLANTA, GA 30082

**New Principal Place of Business:**

5510 STONEYBROOK CT SE  
MABLETON, GA 30126

**Current Mailing Address:**

PO BOX 3430  
ATLANTA, GA 30302

**New Mailing Address:**

**FEI Number:** 20-4087386

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DOW, WARNER  
109 MOULTRIE CROSSING LN  
ST AUGUSTINE, FL 32086 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: WARNER, DOW  
Address: 904 MOULTRIE CROSSING LN  
City-St-Zip: ST AUGUSTINE, FL 32086

Title: D  
Name: MOGA, APRIL  
Address: 213 MORTON DR  
City-St-Zip: DALY CITY, CA 95015

Title: D  
Name: WARNER, CINDEE  
Address: 109 MOULTRIE CROSSING LN  
City-St-Zip: ST AUGUSTINE, FL 32086

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

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

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: DOW WARNER

P

05/10/2012

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

\_\_\_\_\_  
Date