

NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90016 016 ****61.25

DOCUMENT

1. Entity Name N06000008894



S.A.V.E. BAPTIST MISSIONS INTERNATIONAL
INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No P.O. Box

1070 BRANON FIELD RD.
Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 1844
Suite, Apt. #, etc.

City & State

MIDDLEBURG, FL

City & State

MIDDLEBURG, FL

Zip

32068

Country

CLAY

Zip

32065

Country

CLAY

4. FEI Number

51-0584518

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

RICHARD L. METHENY

Street Address (P.O. Box Number is Not Acceptable)

1070 BRANON FIELD ROAD

City

MIDDLEBURG,

FL

Zip Code

32068

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended AR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOE RHINE 115 TIMMERMAN ST. APT. 114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WARRENVILLE, SC 29851 T ROBERT SALISBURY 227 TIMOTHY ROAD SEBRING, FL ##*&)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NANCY SALISBURY 227 TIMOTHY ROAD SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert Salisbury
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-08

Date

863-402-8263

Daytime Phone #