

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008894

FILED  
Jul 28, 2009  
Secretary of State

**Entity Name:** S.A.V.E. BAPTIST MISSIONS INTERNATIONAL, INC.

**Current Principal Place of Business:**

1070 BRANON FIELD ROAD  
MIDDLEBURG, FL 32068 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 1844  
MIDDLEBURG, FL 32050 US

**New Mailing Address:**

**FEI Number:** 51-0584518 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

METHENY, RICHARD L  
1070 BRANON FIELD ROAD  
MIDDLEBURG, FL 32068 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: RHINE, JOE  
Address: 115 TIMMERMAN ST APT 114  
City-St-Zip: WARRENVILLE, SC 29851 US

Title: T ( ) Delete  
Name: SALISBURY, ROBERT  
Address: 227 TIMOTHY ROAD  
City-St-Zip: SEBRING, FL 33870 US

Title: S ( ) Delete  
Name: SALISBURY, NANCY  
Address: 227 TIMOTHY ROAD  
City-St-Zip: SEBRING, FL 33870 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: ROBERT SALISBURY

T

07/28/2009

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

\_\_\_\_\_  
Date