

200 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N25956

1. Entity Name

THE BIBLE WAY SOUL SAVING STATION INC.



Principal Place of Business
464 N. 9TH STREET
FORT PIERCE FL 34950
US

Mailing Address
P.O. BOX 311
FORT PIERCE FL 34954
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. FEI Number
59-2749070

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLS, KENNETH
1330 BRIARWOOD DR
PORT SAINT LUCIE FL 34986

Name

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

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25
Due By September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. PD OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MILLS, KENNETH
1330 BRIARWOOD DR
PORT SAINT LUCIE FL 34986
VD ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MILLER, PINKIE
2109 MANTAZAS AVENUE
FORT PIERCE FL 34957
STD ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MILLS, DONNA
1330 BRIARWOOD DR
PORT SAINT LUCIE FL 34986
D ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MERUES, RHONDA
215 N. 40TH ST
FORT PIERCE FL 34947
D ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MCBRIDE, PATRICIA
603 S. 22ND ST
FORT PIERCE FL 34950
☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP
300061294329
11/09/05--01043--006 **\$61.25
☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP
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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Block 11 if changed, or on an attachment with an address, with other like information.

SIGNATURE

Kenneth Mills 9/16/05 132-466-7847

FILED

05 NOV -9 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

