

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25956

FILED
Aug 26, 2009
Secretary of State

Entity Name: THE BIBLE WAY SOUL SAVING STATION INC.

Current Principal Place of Business:

464 N. 9TH STREET
FORT PIERCE, FL 34950 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 311
FORT PIERCE, FL 34954 US

New Mailing Address:

FEI Number: 59-2749070 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

Name and Address of New Registered Agent:

MILLS, KENNETH
1330 BRIARWOOD DR
PORT SAINT LUCIE, FL 34986 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MILLS, KENNETH
Address: 1330 BRIAR WOOD DR
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: VD () Delete
Name: MILLER, PINKIE
Address: 2109 MANTAZAS AVENUE
City-St-Zip: FORT PIERCE, FL 34957

Title: STD () Delete
Name: MILLS, DONNA
Address: 1330 BRIARWOOD DR
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: D () Delete
Name: MERUES, RHONDA
Address: 215 N. 40TH ST
City-St-Zip: FORT PIERCE, FL 34947

Title: D () Delete
Name: MCBRIDE, PATRICIA
Address: 603 S. 22ND ST
City-St-Zip: FORT PIERCE, FL 34950

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:

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: KENNETH MILLS SR.

PD

08/26/2009

Electronic Signature of Signing Officer or Director

Date