

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42545

FILED
May 25, 2005
Secretary of State

Entity Name: SAVING FAITH MINISTRIES, INC.

Current Principal Place of Business:

1667 N. "W" STREET
PENSACOLA, FL 32505 US

New Principal Place of Business:

1667 N.
PENSACOLA, FL 32505 US

Current Mailing Address:

P.O. BOX 10749
PENSACOLA, FL 32524

New Mailing Address:

FEI Number: 59-3060482 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:

DELARGE, DAVID
6201 SARAH DR
PENSACOLA, FL 32503 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: PD () Delete
Name: DELARGE, DAVID
Address: 6201 SARAH DR
City-St-Zip: PENSACOLA, FL 32503

Title: VPD () Delete
Name: DELARGE, ETHEL
Address: 6201 SARAH DR
City-St-Zip: PENSACOLA, FL 32503

Title: VPD () Delete
Name: REASE, JANIE B
Address: 1101 N. I ST.
City-St-Zip: PENSACOLA, FL 32501

Title: S () Delete
Name: JOHNSON, ARNETTA
Address: 1767 CEDRUS LN
City-St-Zip: PENSACOLA, FL 32514

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVID DE LARGE

PD

05/25/2005

Electronic Signature of Signing Officer or Director

Date