

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 26, 2004
Secretary of State**

DOCUMENT# N47729

Entity Name: SOUL SAVING STATION DISCIPLESHIP MINISTRIES, INC.

Current Principal Place of Business:

1600 N.W. 176TH TERRACE
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

1600 N.W. 176TH TERRACE
MIAMI, FL 33169

New Mailing Address:

FEI Number: 65-0315842 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PORTER, BARBARA J.
1600 N.W. 176TH TERRACE
MIAMI, FL 33169

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: PORTER, MIKEAL B.,
Address: 1600 N.W. 176TH TERR
City-St-Zip: MIAMI, FL

Title: VD () Delete
Name: WOODARD, WILLIE MAE
Address: 1181 ATLANTIC AVENUE
City-St-Zip: OPA LOCKA, FL 33054

Title: SD () Delete
Name: PORTER, BARBARA,
Address: 1600 N.W. 176TH TERR
City-St-Zip: MIAMI, FL

Title: TD () Delete
Name: OUTLER, VERSIE
Address: 2281 S SHERMAN CIRCLE APT B311
City-St-Zip: MIRAMAR, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: PORTER, BARBARA J.,
Address: 1600 N.W. 176TH TERR
City-St-Zip: MIAMI, FL

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: MIKEAL B. PORTER

PD

04/26/2004

Electronic Signature of Signing Officer or Director

Date