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May 10, 1999 8:00 am
Secretary of State

05-10-1999 90025 021 ****61.25

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N98000005610

1. Corporation Name
SALVATION MINISTRIES, INC.

Principal Place of Business
 402 NORTHAMPTON CIRCLE
 FT WALTON BEACH FL 32547

Mailing Address
 402 NORTHAMPTON CIRCLE
 FT WALTON BEACH FL 32547



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/29/1998	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3547069	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HUGHES, CHRISTIN A 402 NORTHAMPTON CIRCLE FT WALTON BEACH FL 32547				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Christin A Hughes* (NOTE: Registered Agent signature required when reinstating) DATE: **4/29/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, CHRISTIN A	1.2 NAME	
STREET ADDRESS	402 NORTHAMPTON CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BEACH FL 32547	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLQUIN, KERI	2.2 NAME	
STREET ADDRESS	2394 MARINA DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BEACH FL 32	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARKINS, JAMES S JR	3.2 NAME	
STREET ADDRESS	414 NORTHAMPTON CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BEACH FL 32547	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, ROBIE V	4.2 NAME	
STREET ADDRESS	402 NORTHAMPTON CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BEACH FL 32547	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Christin A Hughes* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: **4/29/99** Daytime Phone #

CR2E037 (1/198)