

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005610

1. Entity Name

SALVATION MINISTRIES, INC.

FILED
Aug 01, 2000 8:00 am
Secretary of State

08-01-2000 90005 039 ****61.25

Principal Place of Business

Mailing Address

402 NORTHAMPTON CIRCLE
 FT WALTON BEACH FL 32547

402 NORTHAMPTON CIRCLE
 FT WALTON BEACH FL 32547

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3547069

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUGHES, CHRISTIN A
 402 NORTHAMPTON CIRCLE
 FT WALTON BEACH FL 32547

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.

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
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PD	HUGHES, CHRISTIN A	402 NORTHAMPTON CIRCLE	FT WALTON BEACH FL 32547	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TD	HOLQUIN, KERI	2394 MARINA DRIVE	FT WALTON BEACH FL 32	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	HARKINS, JAMES S JR	414 NORTHAMPTON CIRCLE	FT WALTON BEACH FL 32547	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	HUGHES, ROBIE V	402 NORTHAMPTON CIRCLE	FT WALTON BEACH FL 32547	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 all other like empowered.

SIGNATURE: _____

CHRYSTINE HUGHES
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/00 (850) 863-7849
 Date Daytime Phone #

CR 1 (01/7/00)