

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2001 8:00 am
Secretary of State

0018510

03-14-2001 90006 004 ****61.25

DOCUMENT # N98000005610

1. Entity Name

SALVATION MINISTRIES, INC.

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

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**

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: PD Delete
 NAME: HUGHES, CHRISTIN A
 STREET ADDRESS: 402 NORTHAMPTON CIRCLE
 CITY-ST-ZIP: FT WALTON BEACH FL 32547

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: TD Delete
 NAME: HOLQUIN, KERI
 STREET ADDRESS: 2394 MARINA DRIVE
 CITY-ST-ZIP: FT WALTON BEACH FL 32

TITLE: TD Change Addition
 NAME: HOLQUIN, KERI
 STREET ADDRESS: 2394 MARINA DRIVE
 CITY-ST-ZIP: ~~FT WALTON BEACH FL 32547~~

TITLE: VD Delete
 NAME: HARKINS, JAMES S JR
 STREET ADDRESS: 414 NORTHAMPTON CIRCLE
 CITY-ST-ZIP: FT WALTON BEACH FL 32547

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: SD Delete
 NAME: HUGHES, ROBIE V
 STREET ADDRESS: 402 NORTHAMPTON CIRCLE
 CITY-ST-ZIP: FT WALTON BEACH FL 32547

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

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: *Christin Hughes* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/01

Date

(850) 863-7849

Daytime Phone #

CR2E037 (10/00)