


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N98000005610</b> 1. Entity Name <b>SALVATION MINISTRIES, INC.</b>	
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Principal Place of Business <b>402 NORTHAMPTON CIRCLE FT WALTON BEACH, FL 32547</b>	Mailing Address <b>402 NORTHAMPTON CIRCLE FT WALTON BEACH, FL 32547</b>
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01262004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3547069</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>HUGHES, CHRISTIN A 402 NORTHAMPTON CIRCLE FT WALTON BEACH, FL 32547</b>
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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUGHES, CHRISTIN A 402 NORTHAMPTON CIRCLE FT WALTON BEACH, FL 32547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOLGUIN, KERI 386 GARDNER DRIVE FORT WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HUGHES, CHRISTIN A 402 NORTHAMPTON CIRCLE FT WALTON BEACH, FL 32547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HUGHES, ROBIE V 402 NORTHAMPTON CIRCLE FT WALTON BEACH, FL 32547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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1100000025383  
02/02/04-80104-004 61.25

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.

<b>SIGNATURE:</b> <u>Christin Hughes</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>1/26/04</u> <small>Date</small>	<u>850 863-7849</u> <small>Daytime Phone #</small>
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