

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2005 8:00 am**  
**Secretary of State**

01-26-2005 90024 008 \*\*\*150.00

<b>DOCUMENT # N98000005610</b> 1. Entity Name <b>SALVATION MINISTRIES, INC.</b>			
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>	
2. Principal Place of Business <b>37 Mooney Road</b> Suite, Apt. #, etc.		3. Mailing Address <b>37 Mooney Road</b> Suite, Apt. #, etc.	
City & State <b>Fort Walton Beach, FL</b> Zip <b>32547</b>		City & State <b>Fort Walton Beach, FL</b> Zip <b>32547</b>	
Country		Country	
4. FEI Number <b>59-3547069</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HUGHES, CHRISTIN A 402 NORTHAMPTON CIRCLE FT WALTON BEACH, FL 32547</b>		7. Name and Address of New Registered Agent Name <b>Hughes, Christin A</b> Street Address (P.O. Box Number is Not Acceptable) <b>37 Mooney Road</b> City <b>Fort Walton Beach, FL</b> <b>32547</b>	
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.</small>		DATE <b>1/21/05</b>	
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
<b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE PD NAME HUGHES, CHRISTIN A STREET ADDRESS 402 NORTHAMPTON CIRCLE CITY-ST-ZIP FT WALTON BEACH, FL 32547	<input type="checkbox"/> Delete	TITLE PD NAME Hughes, Christin A STREET ADDRESS 37 Mooney Road CITY-ST-ZIP Fort Walton Beach, FL 32547	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME HOLGUIN, KERI STREET ADDRESS 386 GARDNER DRIVE CITY-ST-ZIP FORT WALTON BEACH, FL 32548	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME HUGHES, CHRISTIN A STREET ADDRESS 402 NORTHAMPTON CIRCLE CITY-ST-ZIP FT WALTON BEACH, FL 32547	<input type="checkbox"/> Delete	TITLE VD NAME Hughes, Christin A STREET ADDRESS 37 Mooney Road CITY-ST-ZIP Fort Walton Beach, FL 32547	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME HUGHES, ROBIE V STREET ADDRESS 402 NORTHAMPTON CIRCLE CITY-ST-ZIP FT WALTON BEACH, FL 32547	<input type="checkbox"/> Delete	TITLE SD NAME Hughes, Robie V STREET ADDRESS 37 Mooney Road CITY-ST-ZIP Fort Walton Beach, FL 32547	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:		DATE: <b>1/21/05</b> (850) 863-7849	