
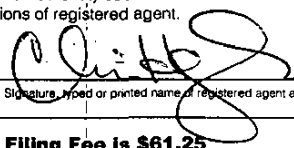
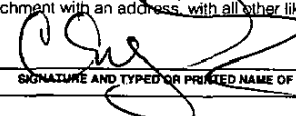


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

01-26-2005 90024 008 ***150.00

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DOCUMENT # N98000005610			
1. Entity 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 37 Mooney Road		3. Mailing Address 37 Mooney Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Fort Walton Beach, FL		City & State Fort Walton Beach, FL	
4. FEI Number 59-3547069		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 Hughes, Christin A Street Address (P.O. Box Number is Not Acceptable) 37 Mooney Road City, State, Zip Fort Walton Beach, FL 32547	
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 		DATE 1/21/05	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, CHRISTIN A	NAME	Hughes, Christin A
STREET ADDRESS	402 NORTHAMPTON CIRCLE	STREET ADDRESS	37 Mooney Road
CITY-ST-ZIP	FT WALTON BEACH, FL 32547	CITY-ST-ZIP	Fort Walton Beach, FL 32547
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLGUIN, KERI	NAME	
STREET ADDRESS	386 GARDNER DRIVE	STREET ADDRESS	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, CHRISTIN A	NAME	Hughes, Christin A
STREET ADDRESS	402 NORTHAMPTON CIRCLE	STREET ADDRESS	37 Mooney Road
CITY-ST-ZIP	FT WALTON BEACH, FL 32547	CITY-ST-ZIP	Fort Walton Beach, FL 32547
TITLE	SD <input type="checkbox"/> Delete	TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, ROBIE V	NAME	Hughes, Robie V
STREET ADDRESS	402 NORTHAMPTON CIRCLE	STREET ADDRESS	37 Mooney Road
CITY-ST-ZIP	FT WALTON BEACH, FL 32547	CITY-ST-ZIP	Fort Walton Beach, FL 32547
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: 		DATE 1/21/05 (850) 863-7849	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	