

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 29, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N98000G005610**

1. Entity Name  
**SALVATION MINISTRIES, INC.**



Principal Place of Business  
**37 MOONEY ROAD  
FORT WALTON BEACH, FL 32547**

Mailing Address  
**37 MOONEY ROAD  
FORT WALTON BEACH, FL 32547**



08242007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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**

**HUGHES, CHRISTIN A  
37 MOONEY ROAD  
FORT WALTON BEACH, FL 32547**

**DO NOT WRITE  
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	HUGHES, CHRISTIN A
STREET ADDRESS	37 MOONEY ROAD
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547

TITLE	TD
NAME	HOLGUIN, KERI
STREET ADDRESS	386 GARDNER DRIVE
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548

TITLE	VD
NAME	HUGHES, CHRISTIN A
STREET ADDRESS	37 MOONEY ROAD
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547

TITLE	SD
NAME	HUGHES, ROBIE V
STREET ADDRESS	37 MOONEY ROAD
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000772960  
08/29/07-80001-024 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 A Hughes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/27/07

Date

(850) 864-7778

Daytime Phone #