

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 08, 2003 8:00 am
Secretary of State

0003033

DOCUMENT # N98000005610

1. Entity Name

SALVATION MINISTRIES, INC.



08-08-2003 90098 049 ****61.25

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3547069**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



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

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
Florida 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
STREET ADDRESS
CITY-ST-ZIP

TITLE TD Delete
NAME HOLQUIN, KERI
STREET ADDRESS 2394 MARINA DRIVE
CITY-ST-ZIP FORT WALTON BEACH FL 32547

TITLE TD Change Addition
NAME Holquin, Keri
STREET ADDRESS 386 Gardner Drive
CITY-ST-ZIP Fort Walton Beach, FL 32548

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

TITLE VD Change Addition
NAME Hughes, Christin A
STREET ADDRESS 402 Northampton Circle
CITY-ST-ZIP Fort Walton Beach, FL 32547

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/4/03 850 863-7849
Date Daytime Phone #

CR2E037 (4/03)