



## **Idaho Corporation Annual Report Form**

File online at: sosbiz.idaho.gov

Due no later than: 10/31/2020

Return completed form within 30 days to 7 Idaho Secretary of State
Attn: Annual Reports
450 North 4th Street
Boise, ID 83720

| Annual Report: No filing fee if received by the due date.                   |                              |          |  |                     | Boise, ID 83720<br>Phone: (208) 334-2300                            |             |
|---|------------------------------|----------|--|---------------------|---|-------------|
| SOS Control Number: 632886  |                              |          | Filing Status: Active-Good Standing                                      |                     |   |             |
| Non-Profit Corporation (D)  |                              |          | Date Formed: 10/04/2017  | _                   | ation Locale: ID  | 2<br>N<br>2 |
| Name and Mailing Address: SOUL'S HARBOR MINISTRIES INC. APT 2 1212 MAPLE ST |                              |          | (1) Add or Change Mailing Address:                                       |                     |   | 11:02       |
| NAMPA, ID 8   | 3686-6023                    |          |  |                     |   | <u>}</u>    |
| Registered As<br>MATTHEW HU<br>1212 MAPLE S<br>NAMPA, ID 83                 | ST APT 2                     | ed Offic | ce (RO) Address:   | t) Change RA a      | and/or RO Address:  | Received    |
| (3) New Regis   | Note: The Regi               |          | Office address must be a physical  If a new agent is appointed in item ( |                     | s (no postal box).<br>w agent must sign here to accept the appointm | ent.        |
| (4) Corporations:   | Enter names and business ad  | dresses  | (with zip code) of the President, Vice                                   | e President, Se     | cretary, Treasurer.   | - V2        |
| Title   | Name                         |          | Business Address   |                     | City, State, Zip  | Q           |
| PRESIDENT   | MATTHEW HUNT                 |          | 1212 S. MAPLE ST ATT #2  |                     | NAMPA, IP 83686   | 7           |
| VILE-1883 TEREMY BUZZARD  |                              | D        | 5007 QXBOW   |                     | CALDNEW, ED 23607   | ct          |
| SELPETHAN JOSHUA ELLEDGE  |                              |          | 2131 N. VAN DYKE RD  |                     | KUNA, ID 83634  |             |
| TREASURER LONE PERRY  |                              |          | 1214 FALLON ST.  |                     | CALDWELL, ID 83607  | <u> </u>    |
|   | ctors names and business add |          | rith zip code). Attach additional she                                    | et if necessary.    |   | 0           |
| Name Busi   |                              | Busin    | ess Address  |                     | City, State, Zip  | Ħ           |
| JOHN GREENLEE 11,   |                              | 1122     | 26 WEST FLENTOCK DR  |                     | BOLSE, ID 83713   | <u> </u>    |
| Brent Waters  |                              | 413      | 3 WHISTLING HETGHTS  | BRAY                | NAMPA, ID 83687   |             |
|   | <del></del>                  |          |  |                     |   |             |
|   |                              | <b> </b> |  |                     |   | 0 W         |
|   |                              |          |  |                     |   | Õ           |
| (5) Signature:  | ATH                          |          | (6   | i) Date: <i>[ -</i> | 24-2020   | renq        |
| (7) Type/Print Name: MATTHEW HUNT   |                              |          |  | ) Title: PRE        |   | 0           |
|   | 170                          |          | ·  |                     | -   | <u>`</u>    |

Instructions: Legibly complete the form above. Sign and date this form and return to the address provided above.