

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701410

FILED
Apr 30, 2009
Secretary of State

Entity Name: HIGHWAY MISSIONARIES INCORPORATED

Current Principal Place of Business:

307 MAIN ST.
PALATKA, FL 32177 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1488
PALATKA, FL 32178 US

New Mailing Address:

FEI Number: 59-6166270

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, TWILA C
8605 N.E. 310TH AVE.
SALT SPRINGS, FL 32134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: GAFFNEY, VIRGINIA
Address: 212 PALMETTO AVE.
City-St-Zip: CRESCENT, FL 32112

Title: PD () Delete
Name: MILLER, ERNEST T
Address: 8605 N.E. 310TH AVE.
City-St-Zip: SALT SPRINGS, FL 32134

Title: DST () Delete
Name: MILLER, TWILA
Address: 8605 N.E. 310TH AVE.
City-St-Zip: SALT SPRINGS, FL 32134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VIRGINIA GAFFNEY

VD

04/30/2009

Electronic Signature of Signing Officer or Director

Date