ANN	ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS					Secretary of State		
DOCU 1. Corporation	MENT # 819880	D (6)				Secretary of State		
SUDA	N INTERIOR MISSION INC.							
Principal Place of Business Mailing Address					— 1886 1866 1866 1866 1866 1866 1866 1866 1866 1866 1866 1866 1866 1866 1866 1			
14800 CHOATE CIRCLE P.O. BOX 7900 CHARLOTTE NC 28241 CHARLOTTE NC 28241						3. Date Incorporated or Qualified	-	
						09/15/1966 Applied For	-	
						22-1936391 Not Applicabl	e	
Principal Place of Business 2a. Mailing Address 25			-			5. Certificate of Status Desired \$8.75 Additional Fee Required		
Suite, Apt.	. #. etc. Suite, Apt. #, etc.					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
City & Stat	City & State 28					7. Is this nonprofit corporation a homeowners association?		
Zìp				Country		8. This corporation owes or has paid the current year Intangible	7	
24 25 29 30 9. Name and Address of Current Registered Agent						Personal Property Tax due June 30. Yes X No 10. Name and Address of New Registered Agent	-	
				81	Name		-	
Winsor, Garth				82 Street Addre		Iress (P.O. Box Number is Not Acceptable)	┥	
4114 NIGERIA RD. SEBRING FL 33872				L	•		_	
				83				
				84 City FL 85 Zip Code				
11. Pursuant office or r agent, I a	to the provisions of Sections 617.0502 registered agent, or both, in the State im familiar with, and accept the obliga	2 and 617.1508, Florida Statutes of Florida. Such change was au tions of, Section 617.0503, Flor	s, the a ithorize ida Sta	bove d by tutes	anamed cor the corpora s.	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered		
SIGNATURE .			B					
Signature, typed or printed name of registered agent and title if applicable. [NOTE: Re 12. OFFICERS AND DIRECTORS				egistered Agent signature require 13.		ired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	∃ (26	
TITLE	D DELETE			1,1 TITLE		Change Addition	CR2E037 (10/97)	
NAME	FULLER, KEN			1.2 NAME			37	
STREET ADDRESS	403 MT. VERNON DR.			1.3 STREET ADDRESS				
CITY - ST - ZIP	VENICE FL D DELETE			1.4 CITY - ST - ZIP 2.1 TITLE		☐ Change ☐ Addition	-18	
NAME	FRANCIS, ROBERT B	-				☐ Change ☐ Addition	. _	
STREET ADDRESS	820 HARBOUR PT.			2.2 NAME 2.3 STREET ADDRESS				
CITY-ST-ZIP	ALPHARETTA GA			2. 4 CITY-ST-ZIP				
TITLE	T DELETE			3.1 TITLE		☐ Change ☐ Addition	_	
NAME	BALWIN, CLARENCE H			3.2 NAME		-		
STREET ADDRESS 16144 TANA TEA CIRCLE			3.3 S	3.3 STREET ADDRESS				
CITY-ST-ZIP				3.4. CITY-ST-ZIP				
TITLE				4.1 TITLE		Change Addition	- [
NAME FRAZEE, RON F				4. 2 NAME				
STREET ADDRESS	132 VISTA GRANDE CIRCLE		4.3 S	REET	ADDRESS		1	

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILE NOW: FILING FEE IS \$61.25

NONPROFIT

CORPORATION

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

CHARLOTTE NC

3685 BLACK ROCK TURNPIKE

ALLABY, S

FAIRFIELD CT

FEHL, LARRY

CHARLOTTE NC

2739 CREEKBED LANE

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

DELETE

___ Change

Change

___ Addition

Addition

FILED

Ian 30 1008 8:00am