

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Aug 10, 2005  
Secretary of State**

DOCUMENT# N00000001032

Entity Name: MISSION CRITICAL MINISTRIES INC.

**Current Principal Place of Business:**

7145 NE 199TH STREET ROAD  
CITRA, FL 32113 US

**New Principal Place of Business:**

**Current Mailing Address:**

7145 NE 199TH STREET ROAD  
CITRA, FL 32113 US

**New Mailing Address:**

FEI Number: 59-3629896      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SHANNON, DONALD E  
7145 NE 199TH STREET ROAD  
CITRA, FL 32113 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: D      ( ) Delete  
Name: SHANNON, DONALD E  
Address: 7145 NE 199TH STREET ROAD  
City-St-Zip: CITRA, FL 32113 US

Title: D      ( ) Delete  
Name: SHANNON, CONNIE J  
Address: 7145 NE 199TH STREET ROAD  
City-St-Zip: CITRA, FL 32113

Title: D      ( ) Delete  
Name: SHANNON, JOHN G  
Address: 7145 NE 199TH STREET ROAD  
City-St-Zip: CITRA, FL 32113

Title: O      ( ) Delete  
Name: LARRY, KIRCHGESSNER  
Address: 731 SW 64 TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33023

**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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DONALD E. SHANNON

D

08/10/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date