

**2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 02, 2012  
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 ( )

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: DONALD E SHANNON

D

04/02/2012

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

\_\_\_\_\_  
Date