

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000001032

FILED
Apr 30, 2003
Secretary of State

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 (X)

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

04/30/2003

Electronic Signature of Signing Officer or Director

_____ Date