

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 OCT -9 PM 12:36

DOCUMENT # N00000002296

1. Entity Name

Missionary of Miami, Inc.

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

600008386506
10/16/02--01001--007 **\$61.25

DO NOT WRITE IN THIS SPACE

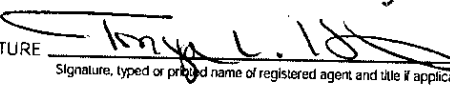
2. Principal Place of Business 2439 Centergate Drive Suite, Apt. #, etc. #206		3. Mailing Address 2439 Centerage Drive Suite, Apt. #, etc. #206	
City & State Miramar, Florida		City & State Miramar, Florida	
Zip 33025	Country USA	Zip 33025	Country USA
4. FEI Number 651003634		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name	Tonya L. Ellis		
Street Address (P.O. Box Number is Not Acceptable)	2439 Centergate Drive, #206		
City	Miramar	FL	Zip Code 33025

8. 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  Tonya L. Harris
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

October 7, 2002
DATE

**FEE IS \$61.25
Initial or Amended UBR**

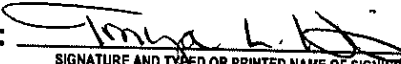
9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T/D Tonya L. Harris 2439 Centergate Dr, #206, Miramar, FL 33025	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S/D Tina L. Cash 2439 Centergate Dr, #206, Miramar, FL 33025	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gail F. Harris 2439 Centergate Dr, #206, Miramar, FL 33025	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tiona C. Harris 2439 Centergate Dr, #206, Miramar, FL 33025	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  Tonya L. Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/7/02 (305) 536-8854
Date Daytime Phone #

CR2E037B (12/01)