

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004288

FILED
Feb 19, 2008
Secretary of State

Entity Name: FIAT MISSIONARIES INC

Current Principal Place of Business:

609 HERMITS TRAIL
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

609 HERMITS TRAIL
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

FEI Number: 75-3243732 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KLEIN, ROGER
609 HERMITS TRAIL
ALTAMONTE SPRINGS, FL 32701 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: KLEIN, ROGER
Address: 609 HERMITS TRAIL
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D () Delete
Name: KLEIN, RENEE
Address: 609 HERMITS TRAIL
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D () Delete
Name: KLEIN, VICTORIA
Address: 609 HERMITS TRAIL
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D () Delete
Name: KLEIN, ELISSA
Address: 609 HERMITS TRAIL
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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 exemption stated in Chapter 119, 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: RENEE KLEIN

D

02/19/2008

Electronic Signature of Signing Officer or Director

_____ Date