

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008477

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: MY-MISSIONARY, INC.

## Current Principal Place of Business:

8195 THAMES BOULEVARD  
UNIT B  
BOCA RATON, FL 33433 US

## New Principal Place of Business:

## Current Mailing Address:

8195 THAMES BOULEVARD  
UNIT B  
BOCA RATON, FL 33433 US

## New Mailing Address:

FEI Number: 26-0808510      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FRYE, ELLA R  
8195 THAMES BOULEVARD  
UNIT B  
BOCA RATON, FL 33433 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: P ( ) Delete  
Name: FRYE, ELLA R  
Address: 8195 THAMES BOULEVARD, UNIT B  
City-St-Zip: BOCA RATON, FL 33433 US

Title: DIR ( ) Delete  
Name: FRYE, DAVID A  
Address: 8195 THAMES BOULEVARD, UNIT B  
City-St-Zip: BOCA RATON, FL 33433 US

Title: DIR ( ) Delete  
Name: FRYE, ANNE-MARIE  
Address: 8195 THAMES BOULEVARD, UNIT B  
City-St-Zip: BOCA RATON, FL 33433 US

Title: DIR ( ) Delete  
Name: CULLUM, QUINTIN  
Address: 1035 NE 8TH AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 33304 US

Title: D ( ) Delete  
Name: COETZEE, MELISSA  
Address: POSBUS 262, MOKOPANE 0600, LIMPOPO  
City-St-Zip: SOUTH AFRICA,

## 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:

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: DAVID FRYE

DIR

04/29/2009

Electronic Signature of Signing Officer or Director

Date