2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2007
Secretary of State

DOCUMENT# N98000006172

Entity Name: CHRISTIANS ON A MISSION, INC.

Current Principal Place of Business:

995 BATES RD
HAINES CITY, FL 33844

New Principal Place of Business:

Current Mailing Address:

995 BATES RD
HAINES CITY, FL 33844

New Mailing Address:

FEI Number: 59-3580075 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ANGLIN, MARYE
609 N 4TH STREET
HAINES CITY, FL 33844 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: PD ( ) Delete
Name: ANGLIN, MARYE
Address: 995 BATES RD
City-St-Zip: HAINES CITY, FL 33844

Title: V ( ) Delete
Name: ODUM, KERRI FELICIA
Address: 705 N 4 STREET
City-St-Zip: HAINES CITY, FL 33844

Title: D ( ) Delete
Name: SMITH, ADRIAN
Address: 1360 BATES ROAD
City-St-Zip: HAINES CITY, FL 33844

Title: TD ( ) Delete
Name: BABERS, JANET
Address: 221 N 13 STREET
City-St-Zip: HAINES CITY, FL 33844

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: KERRI FELICIA ODUM VP 05/24/2007
Electronic Signature of Signing Officer or Director — Date