FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 752461

1. Corporation Name

THE EARTH'S MISSION, INC.

Principal Place	e of Business	Mailing Address				
2601 5TH AVE. SO. 2601 5T		EARTH MISSION INC. 2601 5TH AVE. SO. ST PETERSBURG FL 33712 US				
2. Principal P	lace of Business	2a. Mailing Address		3. Date Incorporated or Qualifed		
21		26		05/13/1980		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		4. FEI Number 58-0840146	— — — — — — — — — — — — — — — — — — —	plied For t Applicable
22 City & Stat	•	City & State		_/	\$8.75 A	
23	6	28		5. Certificate of Status Desired	Fee Re	
Zip	Country	<u> </u>	Country	6. Election Campaign Financing	\$5.00	
24	25	29 30		Trust Fund Contribution	Added to	o Fees
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registere	a Agent	
GREEN, DEBORAH R			82 Street Add	Iress (P.O. Box Number is Not Acceptable)		
11601 4TH STREET, NO., #3815 ST PETERSBURG FL 33716			83			
SI PEIER	SBURG PL 337 16				les Zie (20do
			84 City	F	L 85 Zip C	,ode
11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.						
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Regis	tered Agent signature requir	ed when reinstating) DATE		
12.	OFFICERS AND	DIRECTOR	13.	ADDITIONS/CHANGES TO OFFICERS		
TITLE	BCPT	*	13 TITLE		Change	☐ Addition
NAME	SAMUELS, CONSTANCE D		2 NAME			i '
STREET ADDRESS	1100 19TH ST. SO.		3.3 STREET ADDRESS			{ !
CITY-ST-ZIP TITLE	ST. PETERSBURG FL 33712 EDT		1.4 CITY-ST-ZIP		Change	Addition
NAME	GREEN, DEBORAH R	· ·	22 NAME		_ •	
STREET ADDRESS			2.3 STREET ADDRESS			1
CITY-ST-ZIP	ST. PETERSBURG FL 33716		2.4 CITY-ST-ZIP			
TITLE	T		3.1 TITLE		☐ Change	Addition
NAME	WALKER, MICHELLE	;	3.2 NAME			·
STREET ADDRESS	l	i :	3.3 STREET ADDRESS	•		
CITY-ST-ZIP	ST PETERSBURG FL 33712		3.4. CITY-ST-ZIP			
TITLE	ST ·	☐ DELETÉ	1.1 TITLE		Change	☐ Addition
NAME	SCOTT, MARY M	['	I. 2 NAME			ĺ
STREET ADDRESS		•	1.3 STREET ADDRESS			ł
CITY-ST-ZIP	ST PETERSBURG FL 33712		A CITY-ST-ZIP		☐ Change	Addition
TITLE	T	=	5.1 TITLE			☐ ₩OUNDIN
NAME	BUTLER, JAMES C		5.2 NAME 5.3 STREET ADDRESS			
STREET ADDRESS			5.4 CITY-ST-ZIP			,
CITY-ST-ZIP	ST PETERSBURG FL 33712		3.1 TITLE		☐ Change	Addition
TITLE	HOWARD DARKENE		3.2 NAME	•		
NAME	HOWARD, DARLENE		3.3 STREET ADDRESS			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

ST PETERSBURG FL 33711

FILED

Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90033 044 ****70.00

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