# SIGNATURE: EROS RAMALHO DE OLIVEIRA PRESIDENT

Electronic Signature of Signing Officer/Director Detail

<u>REPORT</u> DOCUMENT# N1000002282

2014 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL

Entity Name: MISSION LIFE MINISTRY, INC.

**Current Principal Place of Business:** 

3846 HARTLEY RD. JACKSONVILLE, FL 32257

## **Current Mailing Address:**

5443 CHESTNUT LAKE DRIVE JACKSONVILLE, FL 32258 US

### FEI Number: 80-0561972

Name and Address of Current Registered Agent:

DE OLIVEIRA, EROS R 3846 HARTLEY RD. JACKSONVILLE, FL 32257 US Certificate of Status Desired: Yes

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

### **Officer/Director Detail :**

Title	PRE.	Title	VP	
Name	DE OLIVEIRA, EROS R	Name	RAMALHO, LEILANE L	
Address	3846 HARTLEY RD.	Address	3846 HARTLEY RD.	
City-State-Zip:	JACKSONVILLE FL 32257	City-State-Zip:	JACKSONVILLE FL 32257	
Title	TREASURER	Title	ASST. TREASURER	
Name	VALLEJOS, NANCY M	Name	SILVA, KEREN S	
Address	3846 HARTLEY RD.	Address	3846 HARTLEY RD.	
City-State-Zip:	JACKSONVILLE FL 32257	City-State-Zip:	JACKSONVILLE FL 32257	
Title	PASTOR	Title	PASTOR	
Name	ARANA, SYRLENE S	Name	ARANA, AUGUSTO C	
Address	3846 HARTLEY RD	Address	3846 HARTLEY ROAD	
City-State-Zip:	JACKSONVILLE FL 32257	City-State-Zip:	JACKSONVILLE FL 32257	

I hereby 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 all other like empowered.

06/2	24/2	01	4

Date

Date