# 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# N1000002282

Entity Name: MISSION LIFE MINISTRY, INC.

### **Current Principal Place of Business:**

5443 CHESTNUT LAKE DR JACKSONVILLE, FL 32258

### **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 5443 CHESTNUT LAKE DR JACKSONVILLE, FL 32258 US

# Certificate of Status Desired: No

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	5443 CHESTNUT LAKE DR	Address	5443 CHESTNUT LAKE DR
City-State-Zip:	JACKSONVILLE FL 32258	City-State-Zip:	JACKSONVILLE FL 32258
Title	TREASURER	Title	DIRECTOR
Name	VALLEJOS, NANCY M	Name	BRAGA, GEFREXENDER
Address	5443 CHESTNUT LAKE DR	Address	5443 CHESTNUT LAKE DR
City-State-Zip:	JACKSONVILLE FL 32258	City-State-Zip:	JACKSONVILLE FL 32258
Title	DIRECTOR		
Name	BRAGA, DELCY		
Address	5443 CHESTNUT LAKE DR		
City-State-Zip:	JACKSONVILLE FL 32258		

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.

SIGNATURE: EROS R DE OLIVEIRA

PRESIDENT

04/21/2015

Electronic Signature of Signing Officer/Director Detail

Date

# FILED Apr 21, 2015 Secretary of State CC4712429738

Date