

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000009979

**Entity Name:** LIFE IS MISSION, INC.

**Current Principal Place of Business:**

5640 HILLWVIEW CT.  
LAKELAND, FL 33810

**FILED**  
**Apr 17, 2021**  
**Secretary of State**  
**4964126476CC**

**Current Mailing Address:**

5640 HILLWVIEW CT.  
LAKELAND, FL 33810

**FEI Number: 85-2658240**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

MICHAEL G. WILLIAMS  
5640 HILLWVIEW CT.  
LAKELAND, FL 33810 US

*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

**Officer/Director Detail :**

Title P  
Name MICHAEL G. WILLIAMS  
Address 5640 HILLWVIEW CT.  
City-State-Zip: LAKELAND FL 33810

Title D  
Name SHAWN P. CAMIRE  
Address 6103 YATES RD.  
City-State-Zip: LAKELAND FL 33811

Title S  
Name TERICA L. WILLIAMS  
Address 5640 HILLWVIEW CT.  
City-State-Zip: LAKELAND FL 33810

Title D  
Name RICHARD D. PRAYTON  
Address 216 GUL CIRCLE DR.  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title T  
Name EASTON K. BRACEY  
Address 2610 W. SORCUM LOOP RD.  
City-State-Zip: LAKELAND FL 33810

Title D  
Name OLAV TER HEISTEAD  
Address 17 JENSION ST.  
City-State-Zip: NEWTON MA 02460

*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: MICHAEL WILLIAMS**

**P PASTOR**

**04/17/2021**

Electronic Signature of Signing Officer/Director Detail

Date