

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

95 MAY -1 AM 10:15

DOCUMENT # 701484

(8)

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

1. Corporation Name

MISSIONARY FLIGHTS AND SERVICE INC

Principal Place of Business

Mailing Address

**3800 SOUTHERN BLVD.
HNGR 10, PBIA
WEST PALM BEACH FL 33406
US**

**3800 SOUTHERN BLVD.
P.O. BOX 15665
WEST PALM BEACH FL 33406
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/01/1960

3a. Date of Last Report

03/18/1994

4. FEI Number

23-7199063

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SNOOK, RICHARD L
3800 SOUTHERN BLVD. HNGR 10
PALM BEACH INTERNATIONAL APT.
WEST PALM BEACH FL 33406**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when overriding)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
D	ELDER, PHILLIP	316 RIVERDALE RD.	PALM SPRINGS FL
C	BELDIN, D.H.	1037 SE 170TH CT.	SILVER SPRINGS FL
P	SNOOK, RICHARD L	7706 BLAIRWOOD CIR S	LAKE WORTH FL
D	FISHEL, LEROY	1386 FERNLEA DR.	WEST PALM BEACH FL
D	GIDDENS, RONALD	1616 S MILITARY TRAIL	WEST PALM BEACH FL
D	HYMA, RUSSEL	4425 KINGS DR	BOYNTON BCH FL

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE <td>2.2 NAME</td> <td>2.3 STREET ADDRESS</td> <td>2.4 CITY - ST - ZIP</td> <td>☐</td> <td>☐</td>	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	☐	☐
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(s), 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 2 or Block 13 of this report, or on an attachment with this report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Signature) (Typed Name)