FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

701484

(8)

MISSIONARY FLIGHTS AND SERVICE INC

Principal Place of Business Mailing Address					1 160111 (0011 0016: 1:91 0189) (0(1: 0184 6:01)	#### WINE 61611 B	ikis kidir idan
3800 SOUTHERN BLVD.		3800 SOUTHERN BLVD.		3. Date incorporated or Qualified	-		
HNGR 10, PBIA WEST PALM BEACH FL 33406		P.O. BOX 15665 WEST PALM BEACH FL 33406		10/01/1960			
US PALM DE	240A FE 3340 0	US	U		4. FEI Number		pplied For
***					23-7199063	N N	ot Applicable
2. Principal Place of Business 2a. Mailing Address					5. Certificate of Status Desired		Additional
21 Suite Ant # etc		26 Suite, Apt. #, etc.		0.51.41.00		equired	
Suite, Apt. #, etc.		27 Suite, Apr. #, etc.		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t		
City & State		City & State		7. Is this nonprofit corporation a homeow			
23		28		Yes	☐ No		
Zip Country		Zip Country		8. This corporation owes or has paid the current year Intangible			
24	25 29		10		Personal Property Tax due June 30.		No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Register	ed Agent	
			81	Name			
SNOOK,	RICHARD L		82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
3800 SOUTHERN BLVD. HNGR 10			83				
PALM BEACH INTERNATIONAL APT.			%				
WEST PA	ALM BEACH FL 33406		84	City	F	85 Zip	Code
44 Durayant	to the provisions of Spotlage 517.0500	and 617 1509 Florida Statutes	the above	named com			ts registered
office or r	egistered agent, or both, in the State	of Florida, Such change was aut	horized by	the corporati	oration submits this statement for the purpose ion's board of directors. I hereby accept the a	ppointment as	registered
	m familiar with, and accept the obliga	tions of, Section 617.0503, Flori	da Statutes.	•	•		
SIGNATURE .	Signature, typed or printed name of registered ager	t and title if applicable. (NOTE: F	Tegistered Agen	nt signature requir	ed when reinstating) DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D	☐ DELETE	1.1 TOLE			☐ Change	Addition
NAME	FERRIN, RICK		1.2 NAME				
STREET ADDRESS	4341 CAROLWOOD STREET		1.3 STREET A	ADDRESS			
CITY-ST-ZIP	ORLANDO FL		1.4 CITY - ST - ZIP			01	August
TITLE	C	☐ DELETE	2.1 TITLE			Change	Addition
NAME	BELDIN, D.H.		2.2 NAME				
STREET ADDRESS	1037 SE 170TH CT.		2.3 STREET ADDRESS				
CITY-ST-ZIP	SILVER SRPINGS FL	E DOLLET	2. 4 CITY-ST	T- ZIP		Change	Addition
TITLE	P	DELETE	3.1 TITLE			☐ Olialige	L! Addition
NAME	SNOOK, RICHARD L		3.2 NAME				
STREET ADDRESS	7706 BLAIRWOOD CIR S		3.3 STREET ADDRESS				
CITY-ST-ZIP	LAKE WORTH FL	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE			Change	Addition
TITLE	D Escure LEDON	Deterie	4. 2 NAME				
NAME	FISHEL, LEROY 1386 FERNLEA DR.		4.3 STREET ADDRESS				
STREET ADDRESS	****		4.3 STREET AUDRESS				
CITY-ST-ZIP TITLE	WEST PALM BEACH FL D	DELETE	5.1 TITLE			Change	Addition
NAME	GIDDENS, RONALD		5.2 NAME				
STREET ADDRESS	1616 S MILITARY TRAIL		5.3 STREET A	ADDRESS			
			5.4 CITY-ST				
CITY-ST-ZIP			6.1 TITLE	-11		Change	Addition
NAME	HYMA, RUSSEL	-	6.2 NAME	1		•	

14. I hereby certify that the Information supplied with this filling 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 employeed to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block

561-686-2488

FILED

Jan 27 1998 8:00am

Secretary of State