


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1998 8:00am  
Secretary of State

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| <b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>   |  |    |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS                     |  |
| <b>DOCUMENT # 701484 (8)</b><br>1. Corporation Name<br><b>MISSIONARY FLIGHTS AND SERVICE INC</b>  |  |   |  |   |  |
| Principal Place of Business<br><b>3800 SOUTHERN BLVD.<br/>HNGR 10. PBIA<br/>WEST PALM BEACH FL 33406<br/>US</b>   |  |   | Mailing Address<br><b>3800 SOUTHERN BLVD.<br/>P.O. BOX 15665<br/>WEST PALM BEACH FL 33406<br/>US</b> |   |  |
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country   |  | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country  |  | 3. Date Incorporated or Qualified<br><b>10/01/1960</b><br>4. FEI Number<br><b>23-7199063</b><br>Applied For<br>Not Applicable |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |  | 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input type="checkbox"/> No        |  |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No  |  | 9. Name and Address of Current Registered Agent<br><b>SNOOK, RICHARD L<br/>3800 SOUTHERN BLVD. HNGR 10<br/>PALM BEACH INTERNATIONAL APT.<br/>WEST PALM BEACH FL 33406</b>   |  |   |  |
| 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>85 Zip Code<br><b>FL</b>   |  | 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. |  |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |  |   |  |   |  |
| 12. OFFICERS AND DIRECTORS  |  |   |  |   |  |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |  |   |  |   |  |
| 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 12 or Block 13 if changed or on an attachment with an address. |  |   |  |   |  |

SIGNATURE: \_\_\_\_\_

SIGNATURE REQUIRED

Jan. 14, 1998

561-686-2488

CR2E037 (10/97)