DOCUMENT # 701484  1. Entity Name  MISSIONARY FLIGHTS AND SERVICE INC								Jul 19, 2000 8:00 am				
Secretary of State												ate
Principal Place of Business M				Mailing Address				07-19-2000 90021 045 ****61.25				
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				f ( <b>FT</b> ())( (	TEFN BEFNI FINNS NIKON 18FN	1 8181 8181 <u>1</u> 112	)	1817 <b>3</b> 7811 (186
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			C	City & State				4. FEI Numbe	23-7199063		<del></del>	oplied For
Zip	Zip Country			Zip Cou				5. Certificate	of Status Desired		\$8.75 Add	ditional
6. Name and Address of Current Regis				stered Agent				7. Name and Address of New Registered Agent				
-Name											ā , · -	·
SNOOK, RICHARD L						Street Address (P.O. Box Number is Not Acceptable)						
3800 SOUTHERN BLVD. HNGR 10 PALM BEACH INTERNATIONAL APT.												
WEST PA		City	FL Zip Code					e				
The above named entity submits this statement for the purpose of changing its registered office or register								ed agent, or bot	h, in the state of Flo	rida.	1	
y												
SIGNATURE												
OldiwoonE .	Signature, typed or printed	d name of registered agent a	ind title if ap	plicable. (NOTE	: Registere	d Agent signatur	e required	when reinstating)		DATÉ		
FILE NOW: FEE IS \$61.25  After September 13, 2000 min. will be \$236.25  9. Election Campaign Fine Trust Fund Contribution								.00 May Be ded to Fees		Check Poartment		>
10. OFFICERS AND DIRECTORS							Δ	ADDITIONS/CHA	ANGES TO OFFICE	RS AND DIR	ECTORS IN	110
TITLE	D			ECTORS 11.  Delete TITL							Change	Addition
NAME STREET ADDRESS	FERRIN, RICK SS 4341 CAROLWOOD STREET				NAM STRE	ET ADDRESS						ļ
CITY-ST-ZIP	ORLANDO FL			·		-ST-ZIP					:	
TITLE NAME	C Beldin, D.H.			☐ Delete	TITLI NAM						☐ Change	☐ Addition
STREET ADDRESS	1037 SE 170TH CT.					ET ADDRESS						
CITY-ST-ZIP	SILVER SRPING			<del>.</del>	CITY	-ST-ZIP						
TITLE	-P			Defete -	TITLE		•	•	مسد بديا	-	☐ Change	☐ Addition
NAME STREET ADDRESS	SNOOK, RICHA 7706 BLAIRWO				NAM STRE	ET ADDRESS						
CITY-ST-ZIP	LAKE WORTH F				CITY	-ST-ZIP						
TITLE	D.			☐ Delete	TITLE	1					☐ Change	☐ Addition
NAME STREET ADDRESS	FISHEL, LEROY				NAM	E ET ADDRESS						
CITY-ST-ZIP	1386 FERNLEA West Palm be					-ST-ZIP						
TITLE	D	3.077.12		☐ Delete	TITLE	<u> </u>					☐ Change	☐ Addition
NAME	GIDDENS, RON				NAM							
STREET ADDRESS CITY-ST-ZIP	1616 S MILITAF					ET ADDRESS -ST-ZIP						
TITLE	West Palm be D	NOT FL		□ Delete	TITLE	<del>-</del> -				··········	Change	☐ Addition
NAME	HYMA, RUSSEL				NAM							
STREET ADDRESS	ESS 4425 KINGS DR					ET ADDRESS						
CITY-ST-ZIP	BOYNTON BCH		Abla 60	deserve of t		-ST-ZIP	<u>~</u>	-U	\ FI	£	E. 1	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 executa this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on a rattachine with an address, with all other like ampowered.												
SIGNAT	URE:	rikasabi	SY	vool Duir	ED	7/	13/	00	56	1-681	6-24	188

561-686-2488 Daytime Phone #