

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 701484

1. Entity Name

MISSIONARY FLIGHTS AND SERVICE INC

FILED

Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90074 004 ****61.25

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

23-7199063

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE D
NAME FERRIN, RICK
STREET ADDRESS 4341 CAROLWOOD STREET
CITY-ST-ZIP ORLANDO-FL ☐ Delete

TITLE C
NAME BELDIN, D.H.
STREET ADDRESS 1037 SE 170TH CT.
CITY-ST-ZIP SILVER SPRINGS FL ☐ Delete

TITLE P
NAME SNOOK, RICHARD L
STREET ADDRESS 7706 BLAIRWOOD CIR S
CITY-ST-ZIP LAKE WORTH FL ☐ Delete

TITLE D
NAME FISHEL, LEROY
STREET ADDRESS 1386 FERNLEA DR.
CITY-ST-ZIP WEST PALM BEACH FL ☐ Delete

TITLE D
NAME GIDDENS, RONALD
STREET ADDRESS 1616 S MILITARY TRAIL
CITY-ST-ZIP WEST PALM BEACH FL ☐ Delete

TITLE D
NAME HYMA, RUSSEL
STREET ADDRESS 4425 KINGS DR
CITY-ST-ZIP BOYNTON BCH FL ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4490 Runway Lane
CITY-ST-ZIP St Cloud FL 34772

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3837 Island Club Cir. E
CITY-ST-ZIP Lantana FL 33462-2184

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 execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)