CORPORATION ANNUAL REPORT 1994	FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	FILED 98 APR 23 AM 9: 21 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # 701604 (1)

1. Corporation Name

MISSIONS FOR CHRIST INC

Mailing Address 310 EAST MEMORIAL BLVD. LAKELAND FL 33805	Principal Place of Business 310 EAST MEMORIAL BLVD. LAKELAND FL 33805	DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

3. Date Incorporated or Qualified	3a. Date of Last Report
10/27/1960	12/27/1993

2. Mailing Address	2a. Principal Place of Business	4. FEI Number	Applied For
21	26	73-6505254	Not Applical

Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	6. Election Campaign Financing Trust Fund Contribution
22	27	$8.75 Additional Fee Required ☐	

City & State	City & State	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$5.00 May Be Added to Fees
23	28		

Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under S. 199.032. Florida Statutes ☐ Yes ☐ No
24	25	29	30	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WARNOCK CARL C 310 E. MEMORIAL BLVD. LAKELAND FL 33805	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 or 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 607.0505 or 617.0503, Florida Statutes.

SIGNATURE ____ 4/16/98

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P/D	1.1 TITLE	00000250434D-- 7
1.2 NAME	WARNOCK CARL C	1.2 NAME	-04/29/98--01009--005
1.3 STREET ADDRESS	310 E. MEMORIAL BLVD.	1.3 STREET ADDRESS	****481.25 ****481.25
1.4 CITY-ST-ZIP	LAKELAND FL 33801	1.4 CITY-ST-ZIP	
2.1 TITLE	V/P/D	2.1 TITLE	
2.2 NAME	WELCH JAMES S	2.2 NAME	
2.3 STREET ADDRESS	310 E. MEMORIAL BLVD.	2.3 STREET ADDRESS	**REINSTATEMENT** 94
2.4 CITY-ST-ZIP	LAKELAND FL 33801	2.4 CITY-ST-ZIP	4/26/98
3.1 TITLE	S/T/D	3.1 TITLE	
3.2 NAME	WARNOCK BETTE J	3.2 NAME	
3.3 STREET ADDRESS	310 E. MEMORIAL BLVD.	3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	LAKELAND FL 33801	3.4 CITY-ST-ZIP	
4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(k), 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 607 or 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: ____ 4-16-98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #