## FILE NOW: FILING FEE IS \$61.25

FILED May 05 1998 8:00am NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # MISSION EVANGELISM, INC. Principal Place of Business Mailing Address 3312 VASCONIA 3312 VASCONIA 3. Date incorporated or Qualified TAMPA FL 33629-8035 TAMPA FL 33629-8035 <u>09/04/1973</u> 4. FEI Number Applied For Not Applicable 59-1487921 \$8.75 Additional П 5. Certificate of Status Desired P.O. BOX 7407 Fee Required Suite, Apt. #, etc Suite, Apt. #, etc. 6. Election Campaign Financing \$5,00 May Be Added to Fees Trust Fund Contribution City & State City & State 7. Is this nonprofit corporation a homeowners association? L V+ Yes X No Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BERGSTROM (ROGER E.) 3312 VASCONIA TAMPA FL 33609 11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE Change TITLE BERGSTROM.ROGER E NAME 1.2 NAME 17407 HANNA RD LUTZ 7L 33549 3312 VASCONIA ST. 1.3 STREET ADDRESS STREET ADDRESS TAMPA FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE TITLE NAME BERGSTROM, LILLIAN L 2.2 NAME 3312 VASCONIA ST. STREET ADDRESS 2.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE CARPENTER, ROBERT R. NAME 3.2 NAME 1521 DREW ST. STREET ADDRESS 3.3 STREET ADDRESS **CLEARWATER FL** CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE 4.1 TITLE ☐ Addition TITLE NAME CARRILLO, P.D. 4. 2 NAME 17407 HANNA RD STREET ADDRESS 4.3 STREET ADDRESS **LUTZ FL** CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME

6.4 CITY - ST- ZIP 14. 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 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.

6.1 TITLE

**6.2 NAME** 

DELETE

**5.3 STREET ADDRESS** 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITA F NAME

69er E. Bergstrom 4/24

Addition