

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90050 011 ****61.25

DOCUMENT # 727337



1. Entity Name
MISSION EVANGELISM, INC.

Principal Place of Business
17407 HANNA RD
LUTZ, FL 33549 US

Mailing Address
P O BOX 1990
LUTZ, FL 33548 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02032006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-1487921

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERGSTROM, ROGER E
17407 HANNA RD
LUTZ, FL 33549

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD Delete
 NAME BERGSTROM, ROGER E
 STREET ADDRESS 17407 HANNA RD
 CITY-ST-ZIP LUTZ, FL 33549

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE TD Delete
 NAME BERGSTROM, LILLIAN L
 STREET ADDRESS 3312 VASCONIA ST.
 CITY-ST-ZIP TAMPA, FL

TITLE TD Change Addition
 NAME Bergstrom, Lillian L
 STREET ADDRESS 17407 Hanna RD
 CITY-ST-ZIP Lutz FL 33549

TITLE D Delete
 NAME CARPENTER, ROBERT R.
 STREET ADDRESS P.O. BOX 1348
 CITY-ST-ZIP POLK CITY, FL 33868

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME CARRILLO, P.D.
 STREET ADDRESS 17407 HANNA RD
 CITY-ST-ZIP LUTZ, FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/06

Date

813-431-7202

Daytime Phone #