

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **735500**

(1)

1. Corporation Name

**DON O'DON'S WORLDWIDE MISSIONS, INC.**

Principal Place of Business

**864 PEAVY RD (752182150)  
P.O. BOX 180934  
DALLAS TX 75218-2150**

Mailing Address

**864 PEAVY RD (752182150)  
P.O. BOX 180934  
DALLAS TX 75218-2150**



3. Date Incorporated or Qualified

**04/07/1976**

3a. Date of Last Report

**08/10/1995**

4. FEI Number

**51-0198600**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution



**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

**PIERCE, GEORGE A., JR. ESQ.  
902A BLACKSTONE BUILDING  
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

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 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**PTD**

**ODON, JEAN E.**

**MANOR LODGE, MANOR AVE**

**DEAL, KENT, ENGLAND**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**SD**

**EDWARDS, RONALD C.**

**864 PEAVY ROAD**

**DALLAS TX**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**D**

**LINENKOHL, RUSSELL E.**

**330 COUNTRY CLUB LANE**

**ATLANTIC BEACH FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**D**

**ODON, MELODY**

**MANOR LODGE, MANOR AVENUE**

**DEAL KE**

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