FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 18 PM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 741359 (4)

1. Corporation Name
MISSIONS UNLIMITED, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
906 W. CANDLEWOOD BOX 6203 TAMPA,FL 33604 TAMPA FL 33603	BOX 6203 TAMPA FL 33674-6203 US

3. Date Incorporated or Qualified: 01/16/1978
3a. Date of Last Report: 04/25/1994
4. FEI Number: 59-1818279 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MOORE, WAYLON B., LLD 906 W CANDLEWOOD TAMPA FL 33603	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, 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, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE		☑ Change ☐ Addition
NAME	CHADWELL, LARRY	1.2 NAME		
STREET ADDRESS	1903 CAPRI RD.	1.3 STREET ADDRESS		
CITY-ST-ZIP	VALRICO FL	1.4 CITY-ST-ZIP	33594	
TITLE	PD	2.1 TITLE		☑ Change ☐ Addition
NAME	MOORE, DR. WAYLON B	2.2 NAME		
STREET ADDRESS	906 W CANDLEWOOD	2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 00000	2.4 CITY-ST-ZIP	33603	
TITLE	STD	3.1 TITLE	Director	☑ Change ☑ Addition
NAME	MOORE, REV. W. BRUCE	3.2 NAME	Moore, Rev. W. Bruce	
STREET ADDRESS	500 SAN JOSE BLVD., APT. 207	3.3 STREET ADDRESS	5000 San Jose Blvd., Apt 207	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	Jacksonville FL 32207	
TITLE		4.1 TITLE	Secretary/Director	☐ Change ☑ Addition
NAME		4.2 NAME	SNAPP, GREGORY	
STREET ADDRESS		4.3 STREET ADDRESS	104A North Evers Street	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Plant City, FL 33566	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
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)(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.

SIGNATURE: Waylon B. Moore 4-12-95 (813) 238-2303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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