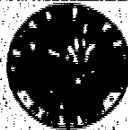


# FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # 741359**

**(4)**

1. Corporation Name

**MISSIONS UNLIMITED, INC.**

Principal Place of Business

Mailing Address

**908 W. CANDLEWOOD  
BOX 6203 TAMPA FL 33603  
TAMPA FL 33603**

**BOX 6203  
TAMPA FL 33674-6203  
US**

DO NOT WRITE IN THIS SPACE

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

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip Country

**28** Zip Country

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  
908 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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VD**  
NAME **CHADWELL, LARRY**  
STREET ADDRESS **1903 CAPRI RD.**  
CITY-ST-ZIP **VALRICO FL**

1.1 TITLE ☒ Change ☒ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP **33594**

TITLE **PD**  
NAME **MOORE, DR. WAYLON B**  
STREET ADDRESS **908 W CANDLEWOOD**  
CITY-ST-ZIP **TAMPA, FL 00000**

2.1 TITLE ☒ Change ☒ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP **33603**

TITLE **STD**  
NAME **MOORE, REV. W. BRUCE**  
STREET ADDRESS **500 SAN JOSE BLVD., APT. 207**  
CITY-ST-ZIP **JACKSONVILLE FL**

3.1 TITLE **Director** ☒ Change ☒ Addition  
3.2 NAME **Moore, Rev. W. Bruce**  
3.3 STREET ADDRESS **500 San Jose Blvd., Apt. 207**  
3.4 CITY-ST-ZIP **Jacksonville FL 32207**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME **Secretary/Director**  
4.3 STREET ADDRESS **SNAPP, GREGORY**  
4.4 CITY-ST-ZIP **104A North EVERS Street Plant City, FL 33566**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Waylon B. Moore** **4-12-95** **(813) 238-2303**