## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 741359**

Address:

City-St-Zip:

7621 BLUFFS BLVD.

TEMPLE TERRACE, FL 33617

Entity Name: MISSIONS UNLIMITED INC

FILED Apr 22, 2004 Secretary of State

Littly Na	ille. WIIOOION	3 ONLIMITED, INC.				
Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:		
	ANDLEWOOD TAMPA,FL 33 L 33603	604				
Current Mailing Address:			New Mailing Address:			
BOX 8203 TAMPA, F	L 336748203	US				
FEI Number	: 59-1818279	FEI Number Applied For()	FEI Number Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and	d Address of C	Current Registered Agent:	Name and	Address o	f New Registered Agent:	
	WAYLON B., L NDLEWOOD 'L 33603 US	_				
	e named entity e of Florida.	submits this statement for the	purpose of changing i	ts registered	d office or registered agent, or bot	
SIGNATU	RE:					
	Electror	nic Signature of Registered Ag	ent		Date	
OFFICER	S AND DIREC	TORS:	ADDITION	IS/CHANGE	ES TO OFFICERS AND DIRECTO	
Title: Name: Address: City-St-Zip:	VD ( CHADWELL, L 845 BAYSHOR TAMPA, FL 33	E BLVD	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	PD ( ) MOORE, DR. V 906 W CANDLI TAMPA, FL		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( MOORE, REV. 37511 CHURC DADE CITY, FL	H AVE	Title: Name: Address: City-St-Zip:			
Title: Name: Address: City-St-Zip:	SD ( SNAPP, GREG #5 ST MARY'S LONDON W8 5	GATE	Title: Name: Address: City-St-Zip:	SD SNAPP, GRI 723 FAIRFIE ST. LOUIS,,	ELD LK. DR.	
Title: Name:	D ( ) GOVIN, RONAL	) Delete .D A	Title: Name:		( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: WAYLON B. MOORE PRES 04/22/2004