

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90229 028 ****61.25

DOCUMENT # 741359

1. Entity Name

MISSIONS UNLIMITED, INC.



Principal Place of Business

906 W. CANDLEWOOD
BOX 8203 TAMPA, FL 33604
TAMPA FL 33603

Mailing Address

BOX 8203
TAMPA FL 33674-8203
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-1818279

Applied For

Not Applicable

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

MOORE, WAYLON B., LLD
906 W CANDLEWOOD
TAMPA FL 33603

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

TITLE VD ☐ Delete
NAME CHADWELL, LARRY
STREET ADDRESS 845 BAYSHORE BLVD
CITY-ST-ZIP TAMPA FL 33506-2733

TITLE PD ☐ Delete
NAME MOORE, DR. WAYLON B
STREET ADDRESS 906 W CANDLEWOOD
CITY-ST-ZIP TAMPA FL

TITLE D ☐ Delete
NAME MOORE, REV. W BRUCE
STREET ADDRESS ~~11345 GRANDVIEW DR.~~
CITY-ST-ZIP ~~DADE CITY FL 33526~~

TITLE SD ☐ Delete
NAME SNAPP, GREGORY
STREET ADDRESS 723 FAIRFIELD LK. DR.
CITY-ST-ZIP ST. LOUIS, MO 63017

TITLE D ☐ Delete
NAME GOVIN, RONALD A
STREET ADDRESS 7621 BLUFFS BLVD.
CITY-ST-ZIP TEMPLE TERRACE FL 33617

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME *Rev. W. Bruce Moore*
STREET ADDRESS *26650 Players Circle Apt 7*
CITY-ST-ZIP *Lutz, FL 33559*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 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: *Waylon B. Moore* WAYLON B. MOORE

5-18-05 (813) 238-2303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #