

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90321 013 \*\*\*\*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

60020411



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04072006 Chg-NP CR2E037 (11/05)

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

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VD ☐ Delete  
NAME CHADWELL, LARRY  
STREET ADDRESS 845 BAYSHORE BLVD  
CITY-ST-ZIP TAMPA, FL 335062733

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

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

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

TITLE D ☒ Delete  
NAME MOORE, REV. W BRUCE  
STREET ADDRESS 26650 PLAYERS CIRCLE, APT 7  
CITY-ST-ZIP LUTZ, FL 33559

TITLE ☐ Change ☒ Addition  
NAME REV. W. BRUCE MOORE  
STREET ADDRESS 27804 PLEASURE RIDE LOOP  
CITY-ST-ZIP WEELEY CHAPEL, FL 33543

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

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

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

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

TITLE ☐ Delete  
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 exemptions contained in Chapter 119, 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, President* 4-7-06 813-238-2303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #