
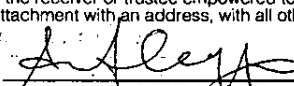


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90073 031 ****61.25

DOCUMENT # 741384 1. Entity Name AURORA MISSION, INC.					
Principal Place of Business 12705 ST. RT. 64 E. BRADENTON, FL 34212 US				Mailing Address P.O. BOX 1549 BRADENTON, FL 34206 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ALEPPO, JOSEPH A.				Name	
12705 ST. RT. 64 E.				Street Address (P.O. Box Number is Not Acceptable)	
BRADENTON, FL-34202 34212					
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROSSI, SANNA B		NAME		
STREET ADDRESS	12705 ST. RT. 64 E.		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34202		CITY-ST-ZIP	BRADENTON, FL 34212	
TITLE	DS <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PIKE, JAMES E.		NAME		
STREET ADDRESS	12705 ST. RT. 64 E.		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34202		CITY-ST-ZIP	BRADENTON, FL 34212	
TITLE	DP <input type="checkbox"/> Delete		TITLE	DC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE	D <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALEPPO, GEORGIA R		NAME		
STREET ADDRESS	12705 ST. RT. 64 E.		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34202		CITY-ST-ZIP	BRADENTON, FL 34212	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PIERRE, RON A		NAME		
STREET ADDRESS	15709 RT. 511 RD 2		STREET ADDRESS		
CITY-ST-ZIP	OBERLIN, OH 44074		CITY-ST-ZIP		
TITLE	DT <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVIDSON, JOHN		NAME		
STREET ADDRESS	128 WESTRIDGE COURT		STREET ADDRESS	128 WESTRIDGE CT.	
CITY-ST-ZIP	CHAPIN, SC		CITY-ST-ZIP	CHAPIN, SC 29036	
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: 		JOSEPH A. ALEPPO		3/17/05 (941)748-4100	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

00001120



03172005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1801070

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

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.

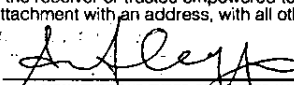
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9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

-- Make check payable to --
Florida Department of State

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SIGNATURE:  JOSEPH A. ALEPPO 3/17/05 (941)748-4100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #