
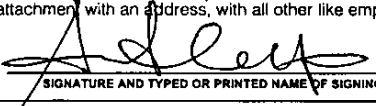


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90340 033 ****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		4. FEI Number 59-1801070	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ALEPPO, JOSEPH A. 12705 ST. RT. 64 E. BRADENTON, FL 34212				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee Is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	D ROSSI, SANNA B <input type="checkbox"/> Delete 12705 ST. RT. 64 E. BRADENTON, FL 34212		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC HARDY, CAREY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 17933 MAPLEHURST PL. FAIR OAKS BRANCH, CA 91387	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PIKE, JAMES E. <input type="checkbox"/> Delete 12705 ST. RT. 64 E. BRADENTON, FL 34212		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PIKE, JAMES E. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12705 ST. RT. 64 E BRADENTON, FL 34212	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC ALEPPO, JOSEPH A. <input type="checkbox"/> Delete 12705 ST. RT. 64 E. BRADENTON, FL 34212		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DI GANGI, MARIANO <input type="checkbox"/> Change <input type="checkbox"/> Addition 28 RED MAPLE COURT WILLOWDALE, ONTARIO M2K 2T3 CANADA <input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALEPPO, GEORGIA R <input type="checkbox"/> Delete 12705 ST. RT. 64 E. BRADENTON, FL 34212		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PIERRE, RON A. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 164 MALLARD CREEK RUN LAGRANGE, OH 44050-9802	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIERRE, RON A <input type="checkbox"/> Delete 15709 RT. 511 RD 2 OBERLIN, OH 44074		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PIERRE, RON A. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 164 MALLARD CREEK RUN LAGRANGE, OH 44050-9802	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DAVIDSON, JOHN <input checked="" type="checkbox"/> Delete 128 WESTRIDGE CT CHAPIN, SC 29036		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PIERRE, RON A. <input type="checkbox"/> Change <input type="checkbox"/> Addition 164 MALLARD CREEK RUN LAGRANGE, OH 44050-9802	
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: 			JOSEPH A. ALEPPO		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small> 4/4/06 <small>Daytime Phone #</small> 941-748-4100		