

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90225 022 \*\*\*\*61.25

**DOCUMENT # 747848**

1. Entity Name

**HOME & ABROAD MISSIONS, INC.**

Principal Place of Business

**1207 HAMILTON BRIDGE ROAD  
MILTON FL 32570-4625**

Mailing Address

**1207 HAMILTON BRIDGE ROAD  
MILTON FL 32570-4625**

2. Principal Place of Business

**6423 Hamilton Bridge Rd.**

3. Mailing Address

**6423 Hamilton Bridge Rd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-6554316**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**JOHNSON, EDWIN MAC  
1207 HAMILTON BRIDGE ROAD  
MILTON FL**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**6423 Hamilton Bridge Rd.**

City

**FL**

Zip Code

**32570**

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.

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete  
NAME **JOHNSON, EDWIN MAC**  
STREET ADDRESS **1207 HAMILTON BRIDGE RD**  
CITY-ST-ZIP **MILTON FL**

TITLE ☒ Change ☐ Addition  
NAME **6423 Hamilton Bridge Rd.**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V** ☐ Delete  
NAME **RICKELS, JEFFREY SLADE**  
STREET ADDRESS **4326 MARSH ROAD**  
CITY-ST-ZIP **DELAND FL**

TITLE **D** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **32724**

TITLE **D** ☐ Delete  
NAME **SOLLARS, JOSEPH JR**  
STREET ADDRESS **530 HWY 30**  
CITY-ST-ZIP **EUFAULA AL 36027**

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

TITLE **V** ☐ Delete  
NAME **JOHNSON, KENNETH M**  
STREET ADDRESS **380 BOYS RANCH RD**  
CITY-ST-ZIP **PALATKA FL 32177**

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

TITLE **D** ☐ Delete  
NAME **KELLEY, RANDAL H.**  
STREET ADDRESS **6826 MERTIS WAY**  
CITY-ST-ZIP **MILTON FL**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **32583**

TITLE **SD** ☐ Delete  
NAME **GUNTON, JOHN C.**  
STREET ADDRESS **6622 HIONOTE ST**  
CITY-ST-ZIP **MILTON FL**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **32570**

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:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

CR2E037 (9/01)