

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90136 024 \*\*\*\*61.25

**DOCUMENT # 747848**

1. Entity Name

**HOME & ABROAD MISSIONS, INC.**



Principal Place of Business

**6523 HAMILTON BRIDGE RD.  
MILTON FL 32570-4625**

Mailing Address

**6523 HAMILTON BRIDGE RD.  
MILTON FL 32570-4625**

(correction)

2. Principal Place of Business

**6423 Hamilton Br. Rd.**

Suite, Apt. #, etc.

3. Mailing Address

**6423 Hamilton Br. Rd.**

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-6554316**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**JOHNSON, EDWIN MAC**

**6523 HAMILTON BRIDGE RD.  
MILTON FL**

Name

**Charles W. Boyd**

Street Address (P.O. Box Number is Not Acceptable)

**6020 Kingswood Drive**

City

**Milton**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Charles W. Boyd*

**Charles W. Boyd**

**04/14/03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete  
NAME **JOHNSON, EDWIN MAC**  
STREET ADDRESS **6523 HAMILTON BRIDGE RD.**  
CITY-ST-ZIP **MILTON FL**

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

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

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

TITLE **D** ☐ Delete  
NAME **KELLEY, RANDAL H.**  
STREET ADDRESS **6826 MERTIS WAY**  
CITY-ST-ZIP **MILTON FL 32583**

TITLE **SD** ☐ Delete  
NAME **GUNTON, JOHN C.**  
STREET ADDRESS **6622 HIONOTE ST**  
CITY-ST-ZIP **MILTON FL 32570**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☐ Change ☒ Addition  
NAME **Charles W. Boyd**  
STREET ADDRESS **6020 Kingswood Dr.**  
CITY-ST-ZIP **Milton FL 32570**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP **32720**

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

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

TITLE **D** ☐ Change ☒ Addition  
NAME **Dewey W. Mars**  
STREET ADDRESS **6255 Star Hill Dr.**  
CITY-ST-ZIP **Milton, FL 32570**

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

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:

*Charles W. Boyd*

**Charles W. Boyd** **04/14/03** **(850) 623-8207**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)