

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **755166**

(6)

1. Corporation Name

**MISSION ACTION, INCORPORATED**



Principal Place of Business <b>5211 22ND AVE WEST % LYNN GILMORE BRADENTON FL 34209</b>	Mailing Address <b>5211 22ND AVE WEST % LYNN GILMORE BRADENTON FL 34209</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>11/18/1980</b>	3a. Date of Last Report <b>01/31/1995</b>
				4. FEI Number <b>59-2041866</b>	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>HARRISON, GEORGE H 1206 MANATEE AVENUE WEST BRADENTON, FL BRADENTON FL 34206</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUDSON, TRAVIS W			12 NAME	HUDSON, TRAVIS		
STREET ADDRESS	408 31ST AVENUE, EAST			13 STREET ADDRESS	1303 16th Avenue		
CITY-STATE-ZIP	BRADENTON FL			14 CITY-STATE-ZIP	Chiefland, Florida 32626		
TITLE	D	<input type="checkbox"/> DELETE		21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARRISON, GEORGE H			22 NAME			
STREET ADDRESS	1205 MANATEE AVENUE W			23 STREET ADDRESS			
CITY-STATE-ZIP	BRADENTON FL			24 CITY-STATE-ZIP			
TITLE	VPD	<input type="checkbox"/> DELETE		31 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUDSON, L R			32 NAME	HUDSON, L. R.		
STREET ADDRESS	408 31ST AVENUE, EAST			33 STREET ADDRESS	1303 16th Avenue		
CITY-STATE-ZIP	BRADENTON FL			34 CITY-STATE-ZIP	Chiefland, Florida 32626		
TITLE	TD	<input type="checkbox"/> DELETE		41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GILMORE, LYNN			42 NAME			
STREET ADDRESS	5211 22ND AVENUE W			43 STREET ADDRESS			
CITY-STATE-ZIP	BRADENTON FL			44 CITY-STATE-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GILMORE, GENEVIEVE M			52 NAME			
STREET ADDRESS	5211 22ND AVENUE, WEST			53 STREET ADDRESS			
CITY-STATE-ZIP	BRADENTON FL			54 CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> DELETE		61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-STATE-ZIP				64 CITY-STATE-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Lynn Gilmore*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lynn Gilmore

01-26-96

Date

941-792 2490

Daytime Phone #

CR2E037 (12/95)