

FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 27 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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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3. Date Incorporated or Qualified

**11/18/1980**

4. FEI Number

**59-2041866**

Applied For

Not Applicable

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

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HARRISON, GEORGE H  
1206 MANATEE AVENUE WEST  
BRADENTON, FL  
BRADENTON FL 34206**

**81** Name

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

**83**

**84** City

**FL**

**85** Zip Code

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HUDSON, TRAVIS W	
STREET ADDRESS	1303 16TH AVE.	
CITY-ST-ZIP	CHIEFLND FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	HARRISON, GEORGE H	
STREET ADDRESS	1205 MANATEE AVENUE W	
CITY-ST-ZIP	BRADENTON FL	

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	HUDSON, L.R.	
STREET ADDRESS	1303 16TH AVE.	
CITY-ST-ZIP	CHIEFLND FL	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	GILMORE, LYNN	
STREET ADDRESS	5211 22ND AVENUE W	
CITY-ST-ZIP	BRADENTON FL	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	GILMORE, GENEVIEVE M	
STREET ADDRESS	5211 22ND AVENUE, WEST	
CITY-ST-ZIP	BRADENTON FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Hudson, Travis W.	
1.3 STREET ADDRESS	1303 16th Ave.	
1.4 CITY-ST-ZIP	Chiefland, Fl. 32626	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Hudson, L.R.	
3.3 STREET ADDRESS	1303 16th Ave.	
3.4 CITY-ST-ZIP	Chiefland, Fl. 32626	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

**SIGNATURE REQUIRED**

01-05-98 94-192-2490

CR2E037 (10/97)