FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 755166

Corporation Name

MISSION ACTION, INCORPORATED

Principal Place of Business
5211 22ND AVE WEST
% LYNN GILMORE

21

2. Principal Place of Business

Mailing Address

5211 22ND AVE WEST % LYNN GILMORE BRADENTON FL 34209

2a. Mailing Address

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FILED Jan 20, 1999 8:00am Secretary of State

01-20-1999 90019 035 ****61.25



3. Date Incorporated or Qualifed

11/18/1980

Suite, Apt.	#, etc.	Suite, Apt. #, etc.			į.	FEI Number		App	olied For	
22		27				59-2041866		Not	Applicable	
City & State	te City & State					Certificate of Status Desired		\$8.75 A		
23		28			3.	Certificate of Status Desired	اندا	Fee Rec	quired	
Zip	Country Zip Co			ountry		6. Election Campaign Financing		\$5.00	May Be	
24	25 29 30			Trust Fund Contribution				Added to) Fees	
	9. Name and Address of Current I	Registered Agent			10.	Name and Address of New F	Registered /	∖gent		
			81	Name					-	
CARDIOON OFOROE !!				01	/D	O. Day Number in Not Asset	able)			
HARRISON, GEORGE H 1206 MANATEE AVENUE WEST BRADENTON, FL				82 Street Address (P.O. Box Number is Not Acceptable)						
								, ,		
BRADENTON FL 34206				City			FL	85 Zip C	ode	
		LOCALISON EL LA CALLACA	45			submits this statement for the		changing its	registered	
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	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Re	gistered Agent	signature required			DATE			
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OF	FICERS AN			
TITLE	PD ()	☐ DELETE	1.1 TITLE					Change	Addition	
NAME.	HUDSON, TRAVIS W		1.2 NAME							
STREET ADDRESS	11271 N.W. 99TH COURT		1.3 STREET	ADDRESS						
CITY-ST-ZIP	CHIEFLND FL 32626		1.4 CITY-ST	-ZIP						
TITLE	D	☐ DELETE	2.1 TITLE					Change	☐ Addition	
NAME I	HARRISON, GEORGE H		2.2 NAME							
STREET ADDRESS	1205 MANATEE AVENUE W		2.3 STREET	ADDRESS					Ì	
CITY-ST-ZIP				T-ZIP						
TITLE	VPD	☐ DELETE	3.1 TITLE					Change	☐ Addition	
NAME	•		3.2 NAME							
٠	Hobooti, Ett.			ADDRESS						
STREET ADDRESS				i					,	
CITY-ST-ZIP	CHIEFLND FL 32626	□ DELETE	3.4. CITY-S' 4.1 TITLE	1-20				☐ Change	Addition	
	, io		4. 2 NAME							
NAME	GILMOTIL, CITAT			ADDRESS						
STREET ADDRESS	5211 22ND AVENUE W		4.4 CITY-ST						:	
CITY-ST-ZIP				-ZIP				Change	Addition	
TITLE	SD	M nerete	5.1 TITLE 5.2 NAME					L. W. C. L		
NAME	GILMORE, GENEVIEVE M			***************************************						
STREET ADDRESS	5211 22ND AVENUE, WEST		5.3 STREET			a.				
CITY-ST-ZIP	BRADENTON FL		5.4 CITY-ST	r-ZIP				Chance	Addition	
TITLE		☐ DELETE	6.1 TITLE					☐ Change	Addition	
NAME	·		6.2 NAME							
STREET ADDRESS			6.3 STREET	ADDRESS						
CITY-ST-ZIP			6.4 CITY-ST	r-ZIP						

1. 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 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, with all other like empowered.

SIGNATURE:

SOURCE PEOURED

01-05-99

941-792.2490 Daylime Phone # CR2E037 (11/98)