
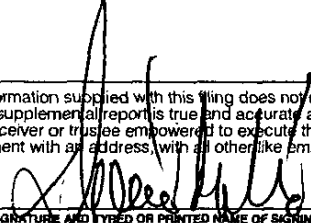


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90342 032 ****61.25

DOCUMENT # 755493						
1. Entity Name THE MEDITERRANEAN CHRISTIAN MISSION, INC.						
Principal Place of Business 61 LACONWOOD SPRINGFIELD, IL 62707			Mailing Address 61 LACONWOOD SPRINGFIELD, IL 62707			
2. Principal Place of Business			3. Mailing Address			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			
City & State			City & State			
Zip		Country	Zip		Country	
4. FEI Number 34-6598718				Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
WHITAKER, J.C. 5204 TOURAIN DRIVE TALLAHASSEE, FL 32308			Name			
			Street Address (P.O. Box Number is Not Acceptable)			
			City		FL	Zip Code
			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 _____			DATE _____			
Filing Fee is \$61.25 Due by May 1, 2004			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
			Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME	T MILLER, DEBRA	<input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	61 LACONWOOD			STREET ADDRESS		
CITY-ST-ZIP	SPRINGFIELD, IL			CITY-ST-ZIP		
TITLE NAME	VD COFFEY, WILMA	<input type="checkbox"/> Delete		TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	401 W. SOUTH ST/BOX 353			STREET ADDRESS	604 IRONINGTON RD.	
CITY-ST-ZIP	ARCADIA, IN 46030			CITY-ST-ZIP	RICHMOND, VA. 23227	
TITLE NAME	D MCCAMMACK, JANE	<input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	5827 SPEEDWAY DR			STREET ADDRESS		
CITY-ST-ZIP	INDIANAPOLIS, ID 46224			CITY-ST-ZIP		
TITLE NAME	D MILLER, DAVE	<input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	61 LACONWOOD			STREET ADDRESS		
CITY-ST-ZIP	SPRINGFIELD, IL 62707			CITY-ST-ZIP		
TITLE NAME	PD JONES, EVELYN	<input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	VIA EGNAZIA 15			STREET ADDRESS		
CITY-ST-ZIP	BARI, ITALY, 70121			CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
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 an other like empowered.						
SIGNATURE: 			Date: 4/26/04		Daytime Phone #: (270) 529-8014	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						