


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # 755493

1. Entity Name
 THE MEDITERRANEAN CHRISTIAN MISSION, INC.



Principal Place of Business Mailing Address

61 LACONWOOD 61 LACONWOOD
 SPRINGFIELD, IL 62707 SPRINGFIELD, IL 62707



04122005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 34-6598718	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WHITAKER, J.C.
 5204 TOURAIN DRIVE
 TALLAHASSEE, FL 32308

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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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	MILLER, DEBRA
STREET ADDRESS	61 LACONWOOD
CITY-ST-ZIP	SPRINGFIELD, IL
TITLE	VD
NAME	COFFEY, WILMA
STREET ADDRESS	604 IRONINGTON RD
CITY-ST-ZIP	RICHMOND, VA 23227
TITLE	D
NAME	MCCAMMACK, JANE
STREET ADDRESS	5827 SPEEDWAY DR.
CITY-ST-ZIP	INDIANAPOLIS, ID 46224
TITLE	D
NAME	MILLER, DAVE
STREET ADDRESS	61 LACONWOOD
CITY-ST-ZIP	SPRINGFIELD, IL 62707
TITLE	PD
NAME	JONES, EVELYN
STREET ADDRESS	VIA EGNAZIA 15
CITY-ST-ZIP	BARI, ITALY, 70121
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

00000041574
 04/19/05-80041-019 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/05 (217) 415-2837
 Date Daytime Phone #