

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755493

FILED  
May 02, 2006  
Secretary of State

Entity Name: THE MEDITERRANEAN CHRISTIAN MISSION, INC.

**Current Principal Place of Business:**

61 LACONWOOD  
SPRINGFIELD, IL 62707

**New Principal Place of Business:**

61 LACONWOOD  
SPRINGFIELD, IL 62712

**Current Mailing Address:**

61 LACONWOOD  
SPRINGFIELD, IL 62707

**New Mailing Address:**

61 LACONWOOD  
SPRINGFIELD, IL 62712

FEI Number: 34-6598718      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: T      ( ) Delete  
Name: MILLER, DEBRA,  
Address: 61 LACONWOOD  
City-St-Zip: SPRINGFIELD, IL

Title: VD      ( ) Delete  
Name: COFFEY, WILMA,  
Address: 604 IRONINGTON RD  
City-St-Zip: RICHMOND, VA 23227

Title: D      ( ) Delete  
Name: MCCAMMACK, JANE,  
Address: 5827 SPEEDWAY DR.  
City-St-Zip: INDIANAPOLIS, ID 46224

Title: D      ( ) Delete  
Name: MILLER, DAVE,  
Address: 61 LACONWOOD  
City-St-Zip: SPRINGFIELD, IL 62707

Title: PD      ( ) Delete  
Name: JONES, EVELYN,  
Address: VIA EGNAZIA 15  
City-St-Zip: BARI, ITALY, 70121

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID B. MILLER

D

05/02/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date