
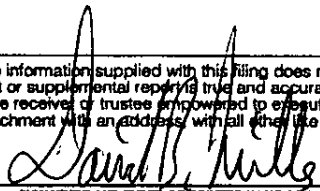


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90065 013 ****61.25

DOCUMENT # 755493					
1. Entity Name THE MEDITERRANEAN CHRISTIAN MISSION, INC.					
Principal Place of Business 61 LACONWOOD SPRINGFIELD, IL 62712		Mailing Address 61 LACONWOOD SPRINGFIELD, IL 62712			
2. Principal Place of Business - No P.O. Box #		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$81.25 Due by May 1, 2007		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	T	<input type="checkbox"/> Delete	TITLE	TID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, DEBRA		NAME		
STREET ADDRESS	61 LACONWOOD		STREET ADDRESS		
CITY-ST-ZIP	SPRINGFIELD, IL		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COFFEY, WILMA		NAME	GENTILE, HEATHER	
STREET ADDRESS	604 IRONINGTON RD		STREET ADDRESS	VIA COL DI LANA	
CITY-ST-ZIP	RICHMOND, VA 23227		CITY-ST-ZIP	CIAMPINO (ROMA), ITALY 00043	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCAMMACK, JANE		NAME		
STREET ADDRESS	5827 SPEEDWAY DR.		STREET ADDRESS		
CITY-ST-ZIP	INDIANAPOLIS, ID 46224		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	S/O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, DAVE		NAME		
STREET ADDRESS	61 LACONWOOD		STREET ADDRESS		
CITY-ST-ZIP	SPRINGFIELD, IL 62707		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, EVELYN		NAME		
STREET ADDRESS	VIA EGNAZIA 15		STREET ADDRESS		
CITY-ST-ZIP	BARI, ITALY, 70121		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
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 exemptions contained 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 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: 		3/21/07		217/415-2837	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	