


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

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
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01052008 No Chg-NP CR2E037 (4/06)

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
 WHITAKER, J.C.
 5204 TOURAINNE 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, 2008

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MILLER, DEBRA 61 LACONWOOD SPRINGFIELD, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GENTLE, HEATHER VIA COL DI LANA CIAMPINO(ROMA), ITALY, 00043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCAMMACK, JANE 5827 SPEEDWAY DR. INDIANAPOLIS, ID 46224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MILLER, DAVE 61 LACONWOOD SPRINGFIELD, IL 62707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, EVELYN VIA EGNAZIA 15 BARI, ITALY, 70121
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000937757
 05/27/08-80057-025 61.25

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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: *Dave Miller* DAVE MILLER 4/27/08 (217) 529-8014

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #