

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755493

FILED  
Apr 19, 2009  
Secretary of State

**Entity Name:** THE MEDITERRANEAN CHRISTIAN MISSION, INC.

**Current Principal Place of Business:**

61 LACONWOOD  
SPRINGFIELD, IL 62712

**New Principal Place of Business:**

**Current Mailing Address:**

61 LACONWOOD  
SPRINGFIELD, IL 62712

**New Mailing Address:**

**FEI Number:** 34-6598718      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

WHITAKER, J.C.  
5204 TOURAINE 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: TD      ( ) Delete  
Name: MILLER, DEBRA  
Address: 61 LACONWOOD  
City-St-Zip: SPRINGFIELD, IL

Title: D      ( ) Delete  
Name: GENTLE, HEATHER  
Address: VIA COL DI LANA  
City-St-Zip: CIAMPINO(ROMA), ITALY, 00043

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

Title: SD      ( ) 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 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

S

04/19/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date