

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # 765923

1. Entity Name
MISSIONARIES FOR CHRIST-CARIBBEAN, INC.



Principal Place of Business
**629 MISSION HILL RD.
ELIJAH, GA 30540 US**

Mailing Address
**629 MISSION HILL RD.
ELIJAH, GA 30540 US**



01082006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-1523465

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**REED, PAUL
9177 SW 91ST CIRCLE
OCALA, FL 34481**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000401917
02/02/06-80064-021 61.25**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
LYNCH, ANGELA
455 SCENIC HIGHWAY
LAWRENCEVILLE, GA 00000**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
MURPHY, DANA
629 MISSION HILL ROAD
ELIJAH, GA 30540**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LYNCH, TIMOTHY
50 EMBASSY WAY
ELIJAH, GA**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MURPHY, JOSEPH
629 MISSION HILL RD.
ELIJAH, GA 30540**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVD
MURPHY, PHILLIS
629 MISSION HILL RD.
ELIJAH, GA 30540**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
LYNCH, CINDY
50 EMBASSY WAY
ELIJAH, GA**

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/23/2006

Date

206-635-2594

Daytime Phone