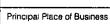
2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT #765923**

1. Entity Name

MISSIONARIES FOR CHRIST-CARIBBEAN, INC.



Mailing Address

629 MISSION HILL RD. ELIIJAH, GA 30540 US 629 MISSION HILL RD. ELIJIAH, GA 30540 US FILED
Jan 22, 2007 08:00 AM
Secretary of State



01182007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 58-1523485

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, typed or printed name of registared agent and tritle if applicable. (NOTE: Registared Agent signature required when reinstating) DATE						
	Filing Fee is \$61.25 Due by May 1, 2007	Election Campaign Financ     Trust Fund Contribution.	ing 🔲	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS				<u> </u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LYNCH, ANGELA 455 SCENIC HIGHWAY LAWRECNEVILLE, GA 00000,					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MURPHY, DANA 629 MISSION HILL ROAD ELLIJAY, GA 30540			U00000596427 01/23/07-80079-004 61.25		
THLE NAME STREET ADDRESS CITY-ST-ZIP	D LYNCH, TIMOTHY 50 EMBASSY WAY ELLIJAY, GA		DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MURPHY, JOSEPH 629 MISSION HILL RD. ELLIJAY, GA 30540					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVD MURPHY, PHILLIS 629 MISSION HILL RD. ELLIJAY, GA 30540					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LYNCH, CINDY 50 EMBASSY WAY ELLIJAY, GA				•	
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.						