


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # 765923 1. Entity Name MISSIONARIES FOR CHRIST-CARIBBEAN, INC.	
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Principal Place of Business 629 MISSION HILL RD. ELLIJAH, GA 30540 US	Mailing Address 629 MISSION HILL RD. ELLIJAH, GA 30540 US
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DO NOT WRITE IN THIS SPACE



01182007 No Chg-NP CR2E037 (4/06)

4. FEI Number 58-1523485	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent REED, PAUL 9177 SW 91ST CIRCLE OCALA, FL 34481
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYNCH, TIMOTHY 50 EMBASSY WAY ELLIJAY, GA
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

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01/23/07-80079-004 61.25

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: Joseph Murphy Joseph Murphy 01/22/2007/706-635-2594
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #