

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 SEP 11 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 7100033

1. Corporation Name

MISSION FLYING SERVICE & Mobile Ministries, Inc.

Principal Place of Business

Mailing Address

22 Daniel Rd.
Sebring FL 33870

3. Date Incorporated or Qualified

3a. Date of Last Report

Dec. 8, '82

'96

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

Applied For

59-2281671

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Cecil Akam
22 Daniel Rd
Sebring, FL 33870

(deceased)

81 Name

GLENN L. AKAM

82 Street Address (P.O. Box Number is Not Acceptable)

22 Daniel Rd

83

84 City

Sebring

FL

85 Zip Code

33870

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE GLENN L. AKAM

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

(NOT: Registered Agent signature required when reinstating)

9-5-97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	President P/D	<input checked="" type="checkbox"/> DELETE
NAME	Cecil Akam	
STREET ADDRESS	22 Daniel Rd	
CITY-ST-ZIP	Sebring, FL 33870	
TITLE	Vice-President/Secretary V/S/D	<input type="checkbox"/> DELETE
NAME	Dorethy Akam	
STREET ADDRESS	22 Daniel Rd	
CITY-ST-ZIP	Sebring, FL 33870	
TITLE	Treasurer T/D	<input type="checkbox"/> DELETE
NAME	David Akam	
STREET ADDRESS	6125 N 6862 Ruby Lane	
CITY-ST-ZIP	Menomonee Falls, WI 53051	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	President P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GLENN L. AKAM	
1.3 STREET ADDRESS	22 Daniel Rd.	
1.4 CITY-ST-ZIP	Sebring, FL 33870	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

GLENN L. AKAM P/D

9-5-97

716-366-8941

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/96)