

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



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

1996 5-96

B-5729-6

DOCUMENT # 768748

(6)

MISSIONARY VENTURES, INC.

Principal Place of Business

Mailing Address

5528 COMMERCE DR.
P.O. BOX 593550
ORLANDO FL 32839-2978

5528 COMMERCE DR.
P.O. BOX 593550
ORLANDO FL 32839-2978



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

g. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/03/1983

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2321060

Applied For

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

10. Name and Address of New Registered Agent

BEAM, STEVEN G.
5528 COMMERCE DR.
ORLANDO FL 32809

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

☐ DELETE

1.1 TITLE

☐ Change

☐ Addition

NAME

BEAM, STEVEN G.

STREET ADDRESS

5528 COMMERCE DR.

CITY-ST-ZIP

ORLANDO FL

1.2 NAME

TITLE

VD

☐ DELETE

2.1 TITLE

☐ Change

☐ Addition

NAME

OWEN, TALMADGE L.

STREET ADDRESS

18812 GULF BLVD B

CITY-ST-ZIP

INDIAN SHORES FL

2.2 NAME

TITLE

STD

☐ DELETE

3.1 TITLE

☐ Change

☐ Addition

NAME

POWELL, CLAY

STREET ADDRESS

201 TALMEDA TRAIL

CITY-ST-ZIP

MAITLAND FL

3.2 NAME

TITLE

☐ DELETE

4.1 TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE

☐ DELETE

5.1 TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE

☐ DELETE

6.1 TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-29-96

(407) 859-7322

Date

Daytime Phone #

CR2E037 (12/95)