

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2005 08:00 AM
Secretary of State

DOCUMENT # 768748 1. Entity Name MISSIONARY VENTURES INTERNATIONAL, INC.	
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Principal Place of Business 5528 COMMERCE DR. ORLANDO, FL 32839-2978	Mailing Address P.O. BOX 593550 ORLANDO, FL 32839-2978
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DO NOT WRITE IN THIS SPACE



01102005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2321060	Applied For Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BEAM, STEVEN G. 5528 COMMERCE DR. ORLANDO, FL 32809	DO NOT WRITE IN THIS SPACE
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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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees.	U000000186010 01/21/05-80037-013 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BEAM, STEVEN G. 5528 COMMERCE DR. ORLANDO, FL 32839
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD OWEN, TALMADGE L 5528 COMMERCE DRIVE ORLANDO, FL 32839
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C HALL, GARY 243 TIMBERLAND AVE LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST MILLER, ROBERT 411 WHITE OAK CIR. MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Steven G. Beam** **1/10/05** **407-859-7322**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #