

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 822719 (1)

1. Corporation Name
MISSIONS TO MILITARY, INC.

Principal Place of Business 2221 CENTERVILLE TURNPIKE VIRGINIA BEACH VA 23464	Mailing Address P. O. BOX 6 NORFOLK VA 23501-0006
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 04/30/1969	3a. Date of Last Report 03/14/1996
4. FEI Number 54-0734786		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. \$5.00 May Be Added to Fees		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ROBERTSON, RONALD J. 2456 PANUCCO ST W ATLANTIC BEACH FL 32233		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHOEPFLIN, CLARION R	1.2 NAME	DONALD E JONES
STREET ADDRESS	3509 MACDONALD RD.	1.3 STREET ADDRESS	575 CORBIN ST
CITY-ST-ZIP	VIRGINIA BEACH VA	1.4 CITY-ST-ZIP	JACKSONVILLE, NC 28546
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINGLETON, ROBERT	2.2 NAME	
STREET ADDRESS	136 KIDD BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORFOLK VA	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVEY, KEITH	3.2 NAME	
STREET ADDRESS	4713 REGAL COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHESAPEAKE VA	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAHN, J. EDWARD	4.2 NAME	
STREET ADDRESS	205 GREEN SPRINGS CT.	4.3 STREET ADDRESS	
CITY-ST-ZIP	VIRGINIA BEACH VA	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIMMER, WILLARD	5.2 NAME	
STREET ADDRESS	15 SPARROW CT.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PIKEVILLE NC	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLSON, ROSS	6.2 NAME	
STREET ADDRESS	5205 BALBOA DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	VIRGINIA BEACH VA	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: _____ **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0075690

CR2E037 (9/96)