**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 822719**

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

## **FILED** Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90124 028 \*\*\*\*61.25



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Principal Place of Business 2a. Mailing Address						3		orporated or Q	ualifed	+ 3				
1 26					_		04/30/							
	Suite, Apt. #, etc. Suite, Apt. #, etc.							4. FEI Number 54-0734786			<u> </u>	+	ed For	
22		27						94/00 					Applicable	
City & State City & State						5	. Certifcate	of Status De	sired				ditional	
28						-   -						e Req		
Zíp	Country	Zip	Cou	ntry		6		Campaign Fin	_				lay Be	
24	25		30					nd Contribution	<del></del>			ded to	Fees	
	9. Name and Address of Curren	t Registered Agent		81	Name	10	Name a	nd Address o	New Ke	gistered	Agent			
	•			81	Name									
ROBERTSON, RONALD J.					82 Street Address (P.O. Box Number is Not Acceptable)									
2456 PANUCO ST W														
ATLANTIC BEACH FL 32233														
	•			84	City	-					85	Zip Co	de	
	to the provisions of Sections 617.050				····					FL				
Affica or r	egistered agent, or both, in the State m familiar with, and accept the obligat	of Florida. Such change was at tions of, Section 617.0503, Flor	uthonzed rida Stati	iby i utes.	tne corpor	auon's c	ooard of dir	ectors. I hereb	y accept	the appo	mment a	as regi		
	Signature, typed or printed name of registered ager		13.	Agen	signature req	ured when		IS/CHANGES	TO OFFI		VD DIRE	CTOR	S IN 12	
12.	OFFICERS AN	ID DIRECTORS	1.1 111	n E			ADDITION	IS/OTI/TITOES	10 0111	02/10/11	□ Cha		☐ Addition	
TITLE	COLOCOCINI CLADION D		1.2 NA		ţ									
NAME	SCHOEPFLIN, CLARION R			_										
STREET ADDRESS	3509 MACDONALD RD.		•		ADDRESS									
CITY-ST-ZIP	VIRGINIA BEACH VA			1.4 CITY- ST-ZIP 2.1 TITLE							☐ Cha	nne	☐ Addition	
TITLE	S CHOLETON BODEOT	C. DECEIG			!							go		
NAME	FINGLETON, ROBERT		2.2 N/						٠				-	
STREET ADDRESS	136 KIDD BLVD.				ADDRESS									
CITY-ST-ZIP	NORFOLK VA	☐ DELETE	2.4C		T-ZIP						Cha	INGA	☐ Addition	
TITLE	PD	☐ DETE1€	3.1 77		-							1190		
NAME	DAVEY, KEITH		3.2 NA											
STREET ADDRESS	4713 REGAL COURT				ADDRESS									
CITY-ST-ZIP	CHESAPEAKE VA	☐ DELETE	3.4. C		T-ZIP						Cha	nge	Additio	
TITLE	V		4.1 ∏		-							- 190		
NAME	HAHN, J. EDWARD		4. 2 N		]									
STREET ADDRESS	205 GREEN SPRINGS CT.		1		ADDRESS									
CITY-ST-ZIP	VIRGINIA BEACH VA		4.4 CI		r-ZIP						Cha	nga	☐ Additio	
TITLE	D	∭ DELETE	DELETE 5.1T								□ cus	ນເຕີດ	□ \ \\	
NAME	JONES, DONALD E		5.2 NA											
STREET ADDRESS	575 CORBIN ST				ADDRESS									
CITY-ST-ZIP	JACKSONVILLE NC		5.4 CI		r-ZIP						<b></b>			
TITLE	D	☐ DELETE	6.1 TI								Cha	inge	Additio	
NAME	OLSON, ROSS		6.2 N/											
STREET ADDRESS	5205 BALBOA DR.		6.3 \$1	REE	ADDRESS						•			
	VIRGINIA REACH VA		64 CI	TY- S1	r- <i>7</i> IP									

14. I 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 or an attachment with an address, with all other like empowered.

SIGNATURE: