

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2006 08:00 AM
Secretary of State

DOCUMENT # 822719 1. Entity Name MISSIONS TO MILITARY, INC.	
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Principal Place of Business 2221 CENTERVILLE TURNPIKE VIRGINIA BEACH VA 23464	Mailing Address P. O. BOX 6 NORFOLK VA 23501
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/05)

4. FEI Number 54-0734786	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ROBERTSON, RONALD J. 2456 PANUCO ST W ATLANTIC BEACH FL 32233

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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.

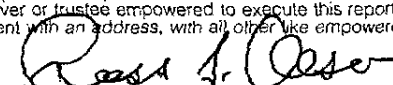
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	☐ Delete
NAME	BURTC, PAT
STREET ADDRESS	5269 LOWERY DOWNS
CITY-ST-ZIP	VIRGINA BCH VA 23465
TITLE	☐ Delete
NAME	S ERICKSON, RICHARD
STREET ADDRESS	5309 CERINO COURT
CITY-ST-ZIP	VIRGINIA BEACH VA 23464
TITLE	☐ Delete
NAME	PD DAVEY, KEITH
STREET ADDRESS	4713 REGAL COURT
CITY-ST-ZIP	CHESAPEAKE VA
TITLE	☐ Delete
NAME	V OLSON, ROSS
STREET ADDRESS	5205 BALBOA DR
CITY-ST-ZIP	VIRGINIA BEACH VA 23464
TITLE	☐ Delete
NAME	VD OLSON, ROSS
STREET ADDRESS	5205 BALBOA DR.
CITY-ST-ZIP	VIRGINIA BEACH VA
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	☐ Change ☐ Addition
NAME	000000415853
STREET ADDRESS	02/11/06-80097-023 61.25
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:  Ross Olson	01/30/2006 957 479-2288
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