

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 837015

FILED
Apr 24, 2007
Secretary of State

Entity Name: MISSION AVIATION FELLOWSHIP (CORPORATION)

Current Principal Place of Business:

112 PILATUS LANE
NAMPA, ID 83687

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 47
NAMPA, ID 83653

New Mailing Address:

FEI Number: 95-1920983

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INCorp SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: SWANSON, KEVIN
Address: 2907 GREENVALE PLACE
City-St-Zip: NAMPA, ID 83686

Title: VCOO () Delete
Name: BOCHMAN, DAVID
Address: 1005 N WHITE LILY AVE
City-St-Zip: MERIDIAN, ID 83642

Title: VCOO () Delete
Name: FYOCK, DAVID
Address: 42 S WESTWOOD ST
City-St-Zip: NAMPA, ID 83651

Title: VCDO () Delete
Name: BOYD, JOHN
Address: 8962 NEW CASTLE DRIVE
City-St-Zip: MIDDLETON, ID 83644

Title: T () Delete
Name: SOUTHWORTH, WILLIAM
Address: 3540 SUGAR CREEK DRIVE
City-St-Zip: MERIDIAN, ID 83646

Title: S () Delete
Name: LEHMAN, STEVEN
Address: 2514 W SHERMAN AVE
City-St-Zip: NAMPA, FL 83686

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VCFO (X) Change () Addition
Name: FYOCK, DAVID
Address: 42 S WESTWOOD ST
City-St-Zip: NAMPA, ID 83651

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEVIN SWANSON

PCEO

04/24/2007

Electronic Signature of Signing Officer or Director

Date