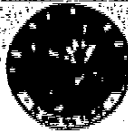


FILE NOW: FILING FEE AFTER MAY 1 IS \$105.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortimer
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 838019 (8)

1. Corporation Name

THE CENTRAL AMERICAN MISSION, INC.

Principal Place of Business

8625 LA PRADA DR
DALLAS TX 75228-2098

Mailing Address

8625 LA PRADA DR
DALLAS TX 75228-2098

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/14/1977

3a. Date of Last Report

05/01/1994

4. FEI Number

75-0800624

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. # etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DONOFF, CRAIG
401 CITY NATIONAL BANK BLDG.
25 WEST FLAGLER ST.
MIAMI FL 33130

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of
the Florida Statutes, I, the undersigned,
being duly qualified, do hereby certify that the
information furnished on this report is true and
correct, and 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.

*These men are
the Finance
Committee*

I, the undersigned, being duly qualified, do hereby certify that the information furnished on this report is true and correct, and 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

(Signature Field)

12.

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

D
BINION
7707 C.
DALLAS TX

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

D
FEATHERSTON, JAMES B.
5736 STILL FOREST
DALLAS TX

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

D
FOWLER, RICHARD D
632 MEADOW LANE
ALLEN TX

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TD
LINCOLN, FRANK J
1520 RICHLAND DR.
RICHARDSON TX

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

D
HANSARD, ROBERT
3936 FLOYD DRIVE
FORT WORTH TX

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

PD
BLUE, J. R. DR.
3504 HALIFAX DRIVE
ARLINGTON TX

13.

ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 1995

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY ST ZIP

☐ Change ☐ Addition

75225-8104

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST ZIP

☒ Change ☐ Addition

D
FEATHERSTON, JAMES B.
102 MONTICELLO
BULLARD TX 75757

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP

☒ Change ☐ Addition

D
FOWLER, RICHARD D.
Rt. 1, Box 105
Celina, TX 75009-9707

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY ST ZIP

☒ Change ☐ Addition

TD
LINCOLN, FRANK J.
207 Hemlock Dr.
Richardson, TX 75081-3908

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY ST ZIP

☐ Change ☐ Addition

76116

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY ST ZIP

☐ Change ☐ Addition

76013-1909

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(9)(b), 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:

Frank J. Lincoln
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank J. Lincoln, Treas 214-327-8206

Date

Signature Number