

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 838019 (8)

1. Corporation Name

THE CENTRAL AMERICAN MISSION, INC.



Principal Place of Business

Mailing Address

8625 LA PRADA DR  
DALLAS TX 75228-2098

8625 LA PRADA DR  
DALLAS TX 75228-2098

3. Date Incorporated or Qualified  
03/14/1977

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

75-0800624

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME BINION, JOHN (DR.)  
STREET ADDRESS 7707 CARUTH BLVD.  
CITY- ST- ZIP DALLAS TX

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP

TITLE D ☐ DELETE  
NAME FEATHERSON, JAMES B  
STREET ADDRESS 102 MONTICELLO  
CITY- ST- ZIP BULLARD TX

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP

TITLE D ☐ DELETE  
NAME FOWLER, RICHARD D  
STREET ADDRESS RT 1, BOX 105  
CITY- ST- ZIP CELINA TX

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

TITLE TD ☐ DELETE  
NAME LINCOLN, FRANK J.  
STREET ADDRESS 207 HEMLOCK DRIVE  
CITY- ST- ZIP RICHARDSON TX

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

TITLE D ☐ DELETE  
NAME HANSARD, ROBERT  
STREET ADDRESS 3936 FLOYD DRIVE  
CITY- ST- ZIP FORT WORTH TX

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

TITLE PD ☐ DELETE  
NAME BLUE, J. R. DR.  
STREET ADDRESS 3504 HALIFAX DRIVE  
CITY- ST- ZIP ARLINGTON TX

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- ZIP

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(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-96

Date

214-327-8206

Daytime Phone #

CR2E037 (12/95)