


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam, 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

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 03/14/1977	3a. Date of Last Report 03/04/1996
4. FEI Number 75-0800624	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent DONOFF, CRAIG 401 CITY NATIONAL BANK BLDG. 25 WEST FLAGLER ST. MIAMI FL 33130	
---	--

10. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BINION, JOHN (DR.) 7707 CARUTH BLVD. DALLAS TX <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEATHERSON, JAMES B 102 MONTICELLO BULLARD TX <input type="checkbox"/> DELETE CHAIRMAN, FIN. COM.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOWLER, RICHARD D RT 1, BOX 105 CELINA TX <input type="checkbox"/> DELETE MEMBER, FIN. COMM.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LINCOLN, FRANK J. 207 HEMLOCK DRIVE RICHARDSON TE <input type="checkbox"/> DELETE TREASURER
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANSARD, ROBERT 3936 FLOYD DRIVE FORT WORTH TX <input type="checkbox"/> DELETE MEMBER, FIN. COM.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLUE, J. R DR. 3504 HALIFAX DRIVE ARLINGTON TX <input type="checkbox"/> DELETE PRESIDENT

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ASHCRAFT, NEIL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7006 WINCHESTER DALLAS, TX 75231 CHAIRMAN * PRESIDENT
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 on an attachment with an address.

SIGNATURE _____ SIGNATURE REQUIRED _____ 8-28-97 214-327-8206

CR2E037 (4/97)