

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jul 12, 1999 8:00 am  
Secretary of State

07-12-1999 90014 010 \*\*\*\*61.25

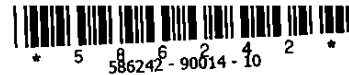
DOCUMENT # 838019

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified			
1	26	03/14/1977			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number			
2	27	75-0800624			
City & State	City & State	Applied For			
3	28	Not Applicable			
Zip	Country	5. Certificate of Status Desired			
4	25	29	30	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing				<input type="checkbox"/>	\$5.00 May Be Added to Fees
Trust Fund Contribution					

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

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	C	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASHCRAFT, NEIL	1.2 NAME	
STREET ADDRESS	7006 WINCHESTER	1.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEATHERSON, JAMES B	2.2 NAME	
STREET ADDRESS	102 MONTICELLO	2.3 STREET ADDRESS	
CITY-ST-ZIP	BULLARD TX	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOWLER, RICHARD D	3.2 NAME	
STREET ADDRESS	9933 CO RD 91	3.3 STREET ADDRESS	
CITY-ST-ZIP	CELINA TX	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINCOLN, FRANK J.	4.2 NAME	
STREET ADDRESS	207 HEMLOCK DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	RICHARDSON TX	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANSARD, ROBERT	5.2 NAME	
STREET ADDRESS	3936 FLOYD DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	FORT WORTH TX	5.4 CITY-ST-ZIP	
TITLE	PD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLUE, J. R. DR.	6.2 NAME	
STREET ADDRESS	3504 HALIFAX DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON TX	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)