

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State
 05-16-2001 90208 032 ****61.25

DOCUMENT # 838019

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

75-0800624

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **C** ☐ Delete
 NAME **ASHCRAFT, NEIL**
 STREET ADDRESS **7006 WINCHESTER**
 CITY-ST-ZIP **DALLAS TX**

TITLE ~~DANIEL P D~~ ☐ Change ☒ Addition
 NAME **WICHER, DANIEL P.**
 STREET ADDRESS **2614 CROSSCREEK LANE**
 CITY-ST-ZIP **MESQUITE, TX 75181**

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

TITLE **D** ☐ Change ☒ Addition
 NAME **BAYER, WALTER**
 STREET ADDRESS **10435 MAPLEGROVE LANE**
 CITY-ST-ZIP **DALLAS, TX 75218**

TITLE **D** ☒ Delete
 NAME **FOWLER, RICHARD D**
 STREET ADDRESS **9933 CO RD 91**
 CITY-ST-ZIP **CELINA TX**

TITLE ~~S~~ ☐ Change ☒ Addition
 NAME ~~WILLIAMSON, KEEGAN~~
 STREET ADDRESS ~~10435 MAPLEGROVE LANE~~
 CITY-ST-ZIP ~~DALLAS~~

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

TITLE **S** ☐ Change ☒ Addition
 NAME **WILLIAMSON, KEEGAN**
 STREET ADDRESS **2000 HOMESTEAD DR**
 CITY-ST-ZIP **MESQUITE, TX 75181**

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daniel P. Wicher
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/01

(214) 327-9206

CR2E037 (10/00)