


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90276 009 ****61.25

DOCUMENT # 853734 1. Entity Name MISSION POSSIBLE USA, INCORPORATED					
Principal Place of Business 1934 TUCKER CT FORT PIERCE, FL 34950			Mailing Address P.O. BOX 520 FORT PIERCE, FL 34954		
2. Principal Place of Business - No P.O. Box # 124 W Front St		3. Mailing Address 124 W Front St			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Findlay, OH		City & State Findlay, OH		4. FEI Number 34-1290940	
Zip 45840		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCKEEGAN, LAURA 1913 SW IMPORT DRIVE PORT SAINT LUCIE, FL 34953			7. Name and Address of New Registered Agent Name Brown, James Street Address (P.O. Box Number is Not Acceptable) 5200 Matanzas Ave City Fort Pierce FL Zip Code 34946		
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>James H. Brown</i></u> 4/9/07 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHESS, SAMUEL 1218 SW MANCUSO AVE PORT SAINT LUCIE, FL 34953	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Codington, Herb 16749 Hwy 56 N Clinton, SC 29325	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FEENEY, BRUCE 4141 TR 47 RAWSON, OH 45881	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC Feeney, Bruce 4141 TR 47 Rawson, OH 45881	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BROWN, JAMES 5200 MATANZAS AVE FORT PIERCE, FL 34946	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kandel, Eugene 515 Canterbury Dr Findlay, OH 45840	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC GILLAM, JAMES 5231 SUMMERSIDE DR KATY, TX 77450	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gillam, James 5231 Summerside Dr Katy, TX 77450	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT YODER, MARK 8180 ROCKPORT RD BLUFFTON, OH 45817	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Yoder, Mark 8180 Rockport Rd Bluffton, OH 45817	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLANAGAN, MARYLOU 126 21ST ST FINDLAY, OH 45840	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Norris, Eliza 3862-Phillips Branch Rd. Vilas, NC 28692	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 to an address, with all other like empowered.					
SIGNATURE: <u><i>Bruce Feeney</i></u> Bruce Feeney, Chairman 4.18.07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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ATTACHMENT

40078118

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11. Additions/Changes to Officers and Directors in 10.

DT

Change/x Addition

Schwartz, John W
1653 Stepping Stone Trail
Atwater, OH 44201