

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 853734

FILED  
Jun 26, 2009  
Secretary of State

**Entity Name:** MISSION POSSIBLE USA, INCORPORATED

**Current Principal Place of Business:**

124 W FRONT ST  
FINDLAY, OH 45840

**New Principal Place of Business:**

124 W FRONT ST  
SUITE 106  
FINDLAY, OH 45840

**Current Mailing Address:**

124 W FRONT ST  
FINDLAY, OH 45840

**New Mailing Address:**

PO BOX 1026  
FINDLAY, OH 45839

**FEI Number:** 34-1290940 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

BROWN, JAMES  
5200 MATANZAS AVE  
FORT PIERCE, FL 34946 US

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CODINGTON, HERB  
Address: 16749 HWY 56 N  
City-St-Zip: CLINTON, SC 29325

Title: DC ( ) Delete  
Name: FEENEY, BRUCE  
Address: 4141 TR 47  
City-St-Zip: RAWSON, OH 45881

Title: DV ( ) Delete  
Name: BROWN, JAMES  
Address: 5200 MATANZAS AVE  
City-St-Zip: FORT PIERCE, FL 34946

Title: D ( ) Delete  
Name: GILLAM, JAMES  
Address: 5231 SUMMERSIDE DR  
City-St-Zip: KATY, TX 77450

Title: DS ( ) Delete  
Name: YODER, MARK  
Address: 8180 ROCKPORT RD  
City-St-Zip: BLUFFTON, OH 45817

Title: D ( ) Delete  
Name: NORRIS, ELIZA  
Address: 3862 PHILLIPS BRANCH RD.  
City-St-Zip: VILAS, NC 28692

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE FEENEY

DC

06/26/2009

Electronic Signature of Signing Officer or Director

Date