


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # F02000005065	
1. Entity Name THE OFFICE OF DIRECTOR FOR MISSION OUTREACH AND HIS SUCCESSORS, A CORPORATION SOLE	

Principal Place of Business 2604 AUTUMN LANE EUSTIS, FL 32726	Mailing Address 2604 AUTUMN LANE EUSTIS, FL 32726
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04042006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3724381	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THE OFFICE OF PRESIDING ELDER FOR SOLE RES
1980 N. ATLANTIC AVENUE, STE. 602
COCOA BEACH, FL 32931

**DO NOT WRITE
IN THIS SPACE**

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 _____ (PRINTED, typed or printed name of registered agent and the Approver) (NOTE: Registered Agent signature is required when a change of agent is being made) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	CP ROPKA, EMMORD L 2604 AUTUMN LANE EUSTIS, FL 32726
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04/22/06-80045-022 61.25

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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 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 individuals empowered.

SIGNATURE:  Emmord L. Ropka 4/4/06 352-383-1811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date of Filing