

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F08000002848

FILED
Nov 17, 2009
Secretary of State

Entity Name: THE MASTER'S MISSION, INCORPORATED

Current Principal Place of Business:

2902 MISSION ROAD
ROBBINSVILLE, NC 28771

New Principal Place of Business:

Current Mailing Address:

PO BOX 547
ROBBINSVILLE, NC 28771

New Mailing Address:

FEI Number: 36-3056074 **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:

TISCH, DEAN
% SOLA SCRIPTURA
4609 VINELAND ROAD, 2ND FLOOR
ORLANDO, FL 32811 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: DEAN TISCH

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: PIERRE, SCOTT
Address: PO BOX 617677
City-St-Zip: ORLANDO, FL 32861

Title: D () Delete
Name: HAYDEN, DAN
Address: PO BOX 617677
City-St-Zip: ORLANDO, FL 32861

Title: D () Delete
Name: JAEB, STEPHEN
Address: PO BOX 428
City-St-Zip: MANGO, FL 335500428

Title: D (X) Delete
Name: COLE, JEFFREY
Address: PO BOX 547
City-St-Zip: ROBBINSVILLE, NC 28771

Title: P () Delete
Name: TEASDALE, PAUL
Address: PO BOX 547
City-St-Zip: ROBBINSVILLE, NC 28771

Title: VP () Delete
Name: TEASDALE, JAMES
Address: PO BOX 547
City-St-Zip: ROBBINSVILLE, NC 28771

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:

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: PAUL TEASDALE

P

11/17/2009

Electronic Signature of Signing Officer or Director

Date