

**DOCUMENT # F96000006254**

1. Entity Name

**ASSOCIATES RESOURCING MISSIONS INCORPORATED**

Principal Place of Business

11621 CARROLLWOOD DR.  
TAMPA FL 33618

Mailing Address

11621 CARROLLWOOD DR.  
TAMPA FL 33618-3713

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

54-1411038

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

NELSON, GARY  
11621 CARROLLWOOD DR.  
TAMPA FL 33618

7. Name and Address of New Registered Agent

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 NAME ☐ DeletePDC  
NAME SWARR, SHARON B  
STREET ADDRESS 1308 GODDIN ST.  
CITY-ST-ZIP RICHMOND VA 23231TITLE NAME ☐ Change ☐ AdditionTITLE NAME ☐ DeleteVD  
NAME COCHRAN, CHARLES  
STREET ADDRESS 14040 N. CARRIAGE LANE  
CITY-ST-ZIP MIDLOTHIAN VATITLE NAME ☐ Change ☐ AdditionTITLE NAME ☐ DeleteSTD  
NAME O'DOWNS, ROBERT  
STREET ADDRESS 2410 SALLEE LANE  
CITY-ST-ZIP VISALIA CATITLE NAME ☐ Change ☐ AdditionTITLE NAME ☐ DeleteD  
NAME KENT, HAROLD  
STREET ADDRESS 16317 VILLREAL AVILA  
CITY-ST-ZIP TAMPA FLTITLE NAME ☐ Change ☐ AdditionTITLE NAME ☐ DeleteD  
NAME MACK, ROBERT  
STREET ADDRESS 648 FLAMINGO DR  
CITY-ST-ZIP APOLLO BEACH FL 33572TITLE NAME ☐ Change ☐ AdditionTITLE NAME ☐ DeleteD  
NAME NELSON, GARY  
STREET ADDRESS 11621 CARROLLWOOD DR  
CITY-ST-ZIP TAMPA FLTITLE NAME ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan, 3, 2000

Date

(813) 933-8111

Daytime Phone #

FILED  
00 JAN 12 AM 8:38SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
80000660

DO NOT WRITE IN THIS SPACE

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