## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Jul 12, 2001 8:00 am Secretary of State

DOCÚMENT # N0000001032  1. Entity Name				Secretary of State 05-15-2001 90060 050 ****61.25			
MISSION CRITICAL MINISTRIES	INC.			03-13-2001 90	060 030 ****	01.23	
Principal Place of Business	Mailing Address						
1012 N 75TH AVE HOLLYWOOD FL 33024	1012 N 75TH AVE HOLLYWOOD FL 33024						
2. Principal Place of Business 3. Mailing Address		<del></del>					
Suite, Apt. #, etc. Suite, Apt. #, etc.			_	DO NOT WRITE IN	THIS SPACE		
City & State	City & State		4. FEI Number	29896	. —	pplied For lot Applicable	
Zip Country	Zip	Country			\$8.75 Ad	ditional	
6. Name and Address of Cu	irrent Registered Agent		7. Name and	Address of New Regis	<del></del>		
SHANNON, DONALD E 1012 N 76TH AVE HOLLYWOOD FL 33024		Street Address (P.O. Box Number is Not Acceptable)					
		City	City FL Zip Code			le	
FILE NOW: FEE IS \$61.25	FILE NOW: 9. Election Campaign Finance			\$5.00 May 8e Make Check Payable to Added to Fees Department of State			
<del></del>	ID DIRECTORS	11.		NGES TO OFFICERS A			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Deleta	NAME STREET ADDRESS CITY STATIS	1/21000 - P	FL 330		Andition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	STREET ADDRESS   10	TROCTOR  DINNIE J.:  112 N. 76  6114 Wood	avis,	□ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O O O O O O O O O O O O O O O O O O O	NAME STREET ADDRESS CITY-ST-ZIP	LN Gy SI BILLYWOOD	PL, 330	Change	— PAddition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Change	☐ Addition	
TITLE NAME STREET ADORESS CITY-ST-ZUP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplies	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	

The edy certy that the information supplies with this falling does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes, I further certify that I am an officer or director indicated on this report or suppliemental 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.

Changed, of the an amachine in the an address, with all other like empowers

SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR