

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000001032

FILED
Sep 12, 2002
Secretary of State

Entity Name: MISSION CRITICAL MINISTRIES INC.

Current Principal Place of Business:

1012 N 76TH AVE
HOLLYWOOD, FL 33024

New Principal Place of Business:

7145 NE 199TH STREET ROAD
CITRA, FL 32113 US

Current Mailing Address:

1012 N 76TH AVE
HOLLYWOOD, FL 33024

New Mailing Address:

7145 NE 199TH STREET ROAD
CITRA, FL 32113 US

FEI Number: 59-3629896

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHANNON, DONALD E
1012 N 76TH AVE
HOLLYWOOD, FL 33024

Name and Address of New Registered Agent:

SHANNON, DONALD E
7145 NE 199TH STREET ROAD
CITRA, FL 32113 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:

09/12/2002

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SHANNON, DONALD E
Address: 1012 N. 76TH AVENUE
City-St-Zip: HOLLYWOOD, FL 33024

Title: D () Delete
Name: SHANNON, CONNIE J
Address: 1012 N. 76TH AVENUE
City-St-Zip: HOLLYWOOD, FL 33024

Title: D () Delete
Name: SHANNON, JOHN G
Address: 1012 N. 76TH AVENUE
City-St-Zip: HOLLYWOOD, FL 33024

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SHANNON, DONALD E
Address: 7145 NE 199TH STREET ROAD
City-St-Zip: CITRA, FL 32113 US

Title: D (X) Change () Addition
Name: SHANNON, CONNIE J
Address: 7145 NE 199TH STREET ROAD
City-St-Zip: CITRA, FL 32113

Title: D (X) Change () Addition
Name: SHANNON, JOHN G
Address: 7145 NE 199TH STREET ROAD
City-St-Zip: CITRA, FL 32113

Title: O () Change (X) Addition
Name: LARRY, KIRCHGESSNER
Address: 731 SW 64 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33023

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DONALD E. SHANNON

D

09/12/2002

Electronic Signature of Signing Officer or Director

Date