

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001763

FILED
Feb 09, 2009
Secretary of State

Entity Name: MISSION SUPPORT SERVICES, INC.

Current Principal Place of Business:

37152 RUTLEDGE DRIVE
ZEPHYRHILLS, FL 33541

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 816
ZEPHYRHILLS, FL 33539

New Mailing Address:

FEI Number: 59-3635308

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GRAMS, STANLEY J
37152 RUTLEDGE DR
ZEPHYRHILLS, FL 335414978 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GRAMS, STANLEY J
Address: 37152 RUTLEDGE DRIVE
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: VTD () Delete
Name: GRAMS, CHARLOTTE
Address: 37152 RUTLEDGE DRIVE
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: D () Delete
Name: HUSSEY, STEPHEN
Address: 5414 4TH ST
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: D () Delete
Name: AUBIN, MIKE
Address: 38345 5TH AVE
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: D () Delete
Name: REILEY, KEITH
Address: 5230 1ST STREET
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: D () Delete
Name: FOURNIER, CHARLES
Address: 6302 SILVER OAKS DRIVE
City-St-Zip: ZEPHYRHILLS, FL 33542

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
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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: CHARLOTTE GRAMS

VTD

02/09/2009

Electronic Signature of Signing Officer or Director

Date