

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002897

FILED
Mar 23, 2005
Secretary of State

Entity Name: OVERLAND MISSIONS, INC.

Current Principal Place of Business:

700 S COURTENAY PKWY
MERRITT ISLAND, FL 32952

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 566
CAPE CANAVERAL, FL 329200566

New Mailing Address:

FEI Number: 59-3778567

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VAN ROOYEN, LEON DR
5620 EAST FOWLER AVE STE 8
TAMPA, FL 33617 US

Name and Address of New Registered Agent:

VAN ROOYEN, LEON DR
16312 ARMSTRONG PL
TAMPA, FL 33647 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:

03/23/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SMETHURST, PHILLIP A
Address: 8951 LAKE DRIVE # 401
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: DV () Delete
Name: SMETHURST, SHARON J
Address: 8951 LAKE DRIVE # 401
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: DV () Delete
Name: VAN ROOYEN, LEON DR
Address: 5620 EAST FOWLER AVE STE 8
City-St-Zip: TAMPA, FL 33617

Title: D () Delete
Name: VAN ROOYEN, BRIDGET
Address: 5620 EAST FOWLER AVE STE 8
City-St-Zip: TAMPA, FL 33617

Title: TD () Delete
Name: LEMAN, LESLIE
Address: STATE ROUTE 296 FIRE NO 43
City-St-Zip: WINDHAM, NY 12496

Title: SD () Delete
Name: LEMAN, MARIANNA
Address: STATE ROUTE 296 FIRE NO 43
City-St-Zip: WINDHAM, NY 12496

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change () Addition
Name: VAN ROOYEN, LEON DR
Address: 16312 ARMSTRONG PL
City-St-Zip: TAMPA, FL 33647

Title: D (X) Change () Addition
Name: VAN ROOYEN, BRIDGET
Address: 16312 ARMSTRONG PL
City-St-Zip: TAMPA, FL 33647

Title: TD (X) Change () Addition
Name: LEMAN, LESLIE
Address: 9217 NORTH LAKE PKWY
City-St-Zip: ORLANDO, FL 32827

Title: SD (X) Change () Addition
Name: LEMAN, MARIANNA
Address: 9217 NORTH LAKE PKWY
City-St-Zip: ORLANDO, FL 32827

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: SHARON SMETHURST

DV

03/23/2005

Electronic Signature of Signing Officer or Director

Date