2002 UNIFORM BUSINESS REPORT (UBR)

Apr 11, 2002 8:00 am Secretary of State **DOCUMENT # N0000004071** MISSION BVI FOUNDATION, INC. 04-11-2002 90054 006 ****70.00 Principal Place of Business Mailing Address 7151 WEST HIGHWAY 98 7151 WEST HIGHWAY 98 SUITE 237 SUITE 237 PANAMA CITY BEACH FL 32407 PANAMA CITY BEACH FL 32407 2. Principal Place of Business 3. Mailing Address 11208 HUTCHISON BLAND 11208 HUTCHISON Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For APPLIED FOR BEACH PANAMA CITY BEACH, FL ARAMA Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required -6. Name and Address of Current Registered Agent -4 =-7. Name and Address of New Registered Agent --Name ERB, CATHY Street Address (P.O. Box Number is Not Acceptable) 13300 BACK BEACH ROAD PANAMA CITY BEACH FL 32407 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable DATE 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD TITLE ☐ Delete TITLE Change : ☐ Addition BROOKS, JAMES BROOKS, JAMES NAME NAME 11208 HUTCHISON BLUD 7151 HWY 98 STE 237 STREET ADDRESS STREET ADDRESS PANAMA CITY BEACH FL 32407-4808 CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY BEACH, FL 32407 **VPD** TITLE Delete VPO TITLE Change : Addition **BROOKS, CAROLYN** BROOKS, LAROLY4 NAME NAME 11208 HUTCHISON BLUD #122 7151 HWY 98 W STE 237 STREET ADDRESS STREET ADDRESS PANAMA CITY BEACH FL 32407-4868 CITY-ST-ZIP CITY-ST-ZIP CITY BEACH, FL 32407 PANAMA TITLE Delete TITLE Change BISHOP, SCARLETT 13500 BACK BEACH NAME NAME 13300 BAY BEACH ROAD RD STREET ADDRESS STREET ADDRESS PANAMA CITY BEACH FL 32407 CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY BEACH, FL 32407 TITLE ☐ Delete TITLE NAME GTROUD, JOHN NAME 317 HIDDEN ISLAND DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY BEACH TITI F ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 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, other like emp

SIGNATURE:

mes DED JAMES BROOKS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

(9/01