

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 03, 2001 08:00 AM
Secretary of State

DOCUMENT # N00000005667

1. Entity Name
 MISSION EVANGELISM OF NORTHWEST FLORIDA, INC.

Principal Place of Business 5817 WINDHAM ROAD MILTON FL 32570	Mailing Address 5817 WINDHAM ROAD MILTON FL 32570
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2. Principal Place of Business 5317 WINDHAM ROAD	3. Mailing Address 5317 WINDHAM ROAD
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State MILTON FL	City & State MILTON FL
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Zip 32570	Country	Zip 32570	Country
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4. FEI Number Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SHOFNER DAVID E
 5817 WINDHAM ROAD

 MILTON FL 32570

7. Name and Address of New Registered Agent

Name
 SHOFNER DAVID E
 Street Address (P.O. Box Number is Not Acceptable)
 5317 WINDHAM ROAD

 City
 MILTON FL Zip Code
 32570

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 _____ DATE **05/03/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROOKS JOE 4054 SANDY BLUFF DR. GULF BREEZE FL 32561	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL RECHO 621 S. SELLERS DR. MILTON FL 32570	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH JERRY H 105 KINGSTON DRIVE SLIDELL LA 70458	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST SHOFNER MYRA S 5817 WINDHAM ROAD MILTON FL 32570	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SHOFNER DAVID E 5817 WINDHAM ROAD MILTON FL 32570	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 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.

SIGNATURE: David Shofner DP 05/03/2001

CR2E037 (11/00)