

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000005667

FILED
Apr 08, 2002 8:00 AM
Secretary of State

Entity Name: MISSION EVANGELISM OF NORTHWEST FLORIDA, INC.

Current Principal Place of Business:

5317 WINDHAM ROAD
MILTON, FL 32570

New Principal Place of Business:

Current Mailing Address:

5317 WINDHAM ROAD
MILTON, FL 32570

New Mailing Address:

FEI Number: 59-3673425

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHOFNER, DAVID E
5317 WINDHAM ROAD
MILTON, FL 32570 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: DP () Delete
Name: SHOFNER, DAVID E
Address: 5317 WINDHAM ROAD
City-St-Zip: MILTON, FL 32570

Title: DVST () Delete
Name: SHOFNER, MYRA S
Address: 5317 WINDHAM ROAD
City-St-Zip: MILTON, FL 32570

Title: D () Delete
Name: SMITH, JERRY H
Address: 105 KINGSTON DRIVE
City-St-Zip: SLIDELL, LA 70458

Title: D () Delete
Name: BROOKS, JOE
Address: 4054 SANDY BLUFF DR.
City-St-Zip: GULF BREEZE, FL 32561 US

Title: D () Delete
Name: BELL, RECHO
Address: 621 S. SELLERS DR.
City-St-Zip: MILTON, FL 32570 US

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
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 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: DAVID SHOFNER

DP

04/08/2002

Electronic Signature of Signing Officer or Director

_____ Date