

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90374 028 \*\*\*\*61.25

**DOCUMENT # N00000006156**

1. Entity Name

**PARTNERSHIP MISSIONS, INC.**



Principal Place of Business

**12401 STIRLING RD.  
FT. LAUDERDALE FL 33330**

Mailing Address

**12401 STIRLING RD.  
FT. LAUDERDALE FL 33330**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

**1831 NW 104 AVE**

Suite, Apt. #, etc.

City & State

**Pembroke Pines FL**

Zip

Country

**33026**

Country

**Broward**

4. FEI Number

**65-1041169**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MAIORANA, FRANK  
12401 STIRLING RD.  
FORT LAUDERDALE FL 33330**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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  
Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MAIORANA, FRANK	
STREET ADDRESS	12401 STIRLING RD.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33330	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PALACIOS, RAUL	
STREET ADDRESS	12401 STIRLING ROAD	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WETHERLL, IKE	
STREET ADDRESS	2328 NW 187 AVE.	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAIORANA, FRANK	
STREET ADDRESS	1831 NW 104 AVE	
CITY-ST-ZIP	Pembroke Pines, FL 33026	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAIORANA Karen	
STREET ADDRESS	1831 NW 104 AVE	
CITY-ST-ZIP	Pembroke Pines FL 33026	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/11/05**

**954 434-1500**

Date

Daytime Phone #