

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00228

1. Entity Name

MISSIONARY AVIATION MINISTRIES, INC., OF AVON PA

Principal Place of Business

1400 C.R. 17A NORTH
AVON PARK FL 33825
US

Mailing Address

1400 C.R. 17A NORTH
AVON PARK FL 33825
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

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.

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

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 PD
NAME SCHANKWEILER, REV. THOMAS
STREET ADDRESS 1400 C.R. 17A NORTH
CITY-ST-ZIP AVON PARK FL ☐ Delete

TITLE SD
NAME SCHANKWEILER, HARRY JR.
STREET ADDRESS R.D. BOX 267
CITY-ST-ZIP OLEY PA ☐ Delete

TITLE V
NAME SCHANKWEILER, RONALD
STREET ADDRESS 1246 CENTER ST.
CITY-ST-ZIP SHAMOKIN PA ☐ Delete

TITLE TD
NAME SCHANKWEILER, SALLY
STREET ADDRESS 1400 C.R. 17 A NORTH
CITY-ST-ZIP AVON PARK FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 Required

FILED
Jul 05, 2001 8:00 am
Secretary of State

07-05-2001 90009 014 ****70.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2396048

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

CR2E037 (10/00)