

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 17, 2004 8:00 am**  
**Secretary of State**

09-17-2004 90006 029 \*\*\*\*\*70.00

**DOCUMENT # N00228**

1. Entity Name

MISSIONARY AVIATION MINISTRIES, INC., OF  
AVON PARK, FLORIDA



Principal Place of Business

980 N DEER LAKE RD  
AVON PARK FL 33825  
US

Mailing Address

980 N DEER LAKE RD  
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



MOORE

CR2E037 (4/04)

4. FEI Number

59-2396048

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHANKWEILER, REV. THOMAS  
980 N DEER LAKE RD  
AVON PARK FL 33825

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 September 8, 2004**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME SCHANKWEILER, REV. THOMAS  
STREET ADDRESS 980 N DEER LAKE RD  
CITY-ST-ZIP AVON PARK FL 33825 ☐ Delete

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

TITLE SD  
NAME SCHANKWEILER, MELISSA  
STREET ADDRESS 970 N DEER LAKE RD  
CITY-ST-ZIP AVON PARK FL 33825 ☐ Delete

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

TITLE V  
NAME SCHANKWEILER, RONALD  
STREET ADDRESS 1230 CENTER ST.  
CITY-ST-ZIP SHAMOKIN PA 17866 ☐ Delete

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

TITLE TD  
NAME SCHANKWEILER, SALLY  
STREET ADDRESS 980 N DEER LAKE RD  
CITY-ST-ZIP AVON PARK FL 33825 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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:

*Rev. Thomas Schankweiler* REV THOMAS SCHANKWEILER

9/03/04

987-453-6052

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #