

**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 Mailing Address

**980 N DEER LAKE RD
AVON PARK FL 33825
US** **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)

6. Name and Address of Current Registered Agent

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

4. FEI Number Applied For

59-2396048 Not Applicable

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

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 _____ (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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHANKWEILER, REV. THOMAS	
STREET ADDRESS	980 N DEER LAKE RD	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SCHANKWEILER, MELISSA	
STREET ADDRESS	970 N DEER LAKE RD	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE	V	<input type="checkbox"/> Delete
NAME	SCHANKWEILER, RONALD	
STREET ADDRESS	1230 CENTER ST.	
CITY-ST-ZIP	SHAMOKIN PA 17866	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SCHANKWEILER, SALLY	
STREET ADDRESS	980 N DEER LAKE RD	
CITY-ST-ZIP	AVON PARK FL 33825	
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		
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		
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: *Rev. Thomas Schankweiler* **REV THOMAS SCHANKWEILER** 9/03/04 867-453-6052

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #