2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004
Secretary of State

DOCUMENT# N01000002076

Entity Name: THE LORD'S CHARITABLE MISSION CORPORATION

Current Principal Place of Business:

1060 SKEES RD
W PALM BCH, FL

New Principal Place of Business:

Current Mailing Address:

1060 SKEES RD
W PALM BCH, FL

New Mailing Address:

FEI Number: 20-0082467 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCGOEY, MICHAEL J
209 N SEACREST BLVD
BOYNTON BCH, FL 33435 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: TPD ( ) Delete
Name: MICKELSON, SHELDON
Address: 1060 SKEES RD
City-St-Zip: W PALM BCH, FL

Title: TSD ( ) Delete
Name: MICKELSON, ANNETTE
Address: 1060 SKEES RD
City-St-Zip: W PALM BCH, FL

Title: TDD ( ) Delete
Name: MICKELSON, MELINDA
Address: 1060 SKEES RD
City-St-Zip: W PALM BCH, FL

Title: TD ( ) Delete
Name: SARKELA, JOHN
Address: 1060 SKEES RD
City-St-Zip: W PALM BCH, FL

Title: TD ( ) Delete
Name: MAKI, ROBERT
Address: 1060 SKEES RD
City-St-Zip: W PALM BCH, FL

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: SHELDON MICKELSON TPD 02/02/2004

Electronic Signature of Signing Officer or Director — Date