

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90043 001 ****70.00

DOCUMENT # N01000006482 1. Entity Name FRONT LINE MISSIONS INTERNATIONAL, INC.					
Principal Place of Business 1423 S HOWARD AVE TAMPA, FL 33606			Mailing Address 1423 S HOWARD AVE TAMPA, FL 33606		
2. Principal Place of Business 8027 N. Ola Ave Suite, Apt. #, etc.		3. Mailing Address PO Box 18525 Suite, Apt. #, etc.			
City & State TAMPA FL		City & State TAMPA FL		4. FEI Number 59-3749231	
Zip 33604		Country USA		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOPPER, DARIUS 1423 S HOWARD AVE TAMPA, FL 33606			7. Name and Address of New Registered Agent Name Darius Hopper Street Address (P.O. Box Number is Not Acceptable) 8027 N. Ola Ave City TAMPA FL Zip Code 33604		
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					
Filing Fee is \$61.25 Due by May 1, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD HOPPER, DARIUS 1423 S HOWARD AVE TAMPA, FL 33606 ☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NOTO, DENNIS 1423 S HOWARD AVE TAMPA, FL 33606 ☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NOTO, KELLY T 1423 S HOWARD AVE TAMPA, FL 33606 ☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 8027 N. Ola Ave TAMPA FL 33604				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 2639 N. Dundee St. TAMPA FL 33629				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 2639 N. Dundee St. TAMPA FL 33629				
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: <u>Dennis J. Noto</u> Feb 11, 2004 813-286-2552 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					