

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 16, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000006482 1. Entity Name FRONT LINE MISSIONS INTERNATIONAL, INC.	
---	---

Principal Place of Business 8027 N OLA AVE. TAMPA, FL 33604	Mailing Address P.O. BOX 18525 TAMPA, FL 33679
---	--

DO NOT WRITE IN THIS SPACE



05052005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3749231	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HOPPER, DARIUS 8027 N OLA AVE. TAMPA, FL 33604

DO NOT WRITE IN THIS SPACE

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 _____
--	------------

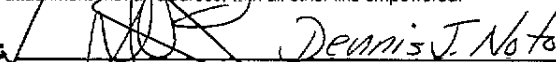
Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOPPER, DARIUS 8027 N OLA AVE. TAMPA, FL 33604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NOTO, DENNIS 2639 N DUNDEE ST. TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NOTO, KELLY T 2639 N DUNDEE ST. TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000366888
05/16/05-80011-007 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	5/16/05 Date	Daytime Phone #
--	---------------------------------------	--------------------------------