

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90004 027 ****70.00

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1. Entity Name
FRONT LINE MISSIONS INTERNATIONAL, INC.



Principal Place of Business
**1423 SO. HOWARD AVE
TAMPA, FL 33606**

Mailing Address
**P.O. BOX 18525
TAMPA, FL 33679**



01262007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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**

*Noto, Dennis
1423 So. Howard Ave
Tampa FL 33606*

**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

1/31/07

**Filing Fee is \$61.25
Due by May 1, 2007**

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 1423 SO. HOWARD AVE TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NOTO, KELLY T 1423 SO. HOWARD AVE TAMPA, FL 33606
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**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/07 *813-240-2033*
Date Daytime Phone #