

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01816

FILED
Aug 09, 2004
Secretary of State**Entity Name:** MISSIONARY COMPANION MINISTRIES, INC.**Current Principal Place of Business:**1104 SOUTH TAYLOR RD
SEFFNER, FL 33584 US**New Principal Place of Business:****Current Mailing Address:**1104 SOUTH TAYLOR RD
SEFFNER, FL 33584 US**New Mailing Address:**409 GREYSON CT.
FAYETTEVILLE, NC 28314 US**FEI Number:** 59-2348290**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**AKERS, JAMES M
1104 SOUTH TAYLOR RD
SEFFNER, FL 33584 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:** PD () Delete
Name: RASMUSSEN, DON,
Address: 409 GREYSON COURT
City-St-Zip: FAYETTEVILLE, NC 28314**Title:** D () Delete
Name: CLARKE, WILLIAM,
Address: 12409 KELSO RD.
City-St-Zip: THONOTOSASSA, FL**Title:** D () Delete
Name: LOONEY, TONY,
Address: 456 N.W. 15TH AVENUE
City-St-Zip: CAMAS, WA**Title:** D () Delete
Name: FULLER, MARY,
Address: 9401 NE 110 AVENUE
City-St-Zip: VANCOUVER, WA**Title:** D () Delete
Name: AKERS, JAMES M
Address: 1104 SOUTH TAYLOR RD
City-St-Zip: SEFFNER, FL 33584**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
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City-St-Zip:**Title:** () Change () Addition
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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: DON M. RASMUSSEN

PD

08/09/2004

Electronic Signature of Signing Officer or Director

Date