
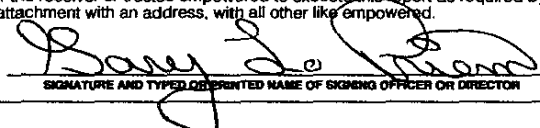


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2004 8:00 am
Secretary of State

02-13-2004 90005 016 ****61.25

DOCUMENT # N02000001068 1. Entity Name MISSIONS TO THE WORLD INC.					
Principal Place of Business 1177 ORANGE GROVE LANE APOPKA, FL 32712				Mailing Address 1177 ORANGE GROVE LANE APOPKA, FL 32712	
2. Principal Place of Business 532 Underhill DR Suite, Apt. #, etc.				3. Mailing Address P.O. Box 560328 Suite, Apt. #, etc.	
City & State ORLANDO, FL Zip 32803		City & State ORLANDO, FL Zip 32856		4. FEI Number 75-2973984	
Country U.S.A.		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PRIEM, GARY L 1177 ORANGE GROVE LANE APOPKA, FL 32712				7. Name and Address of New Registered Agent Name PRIEM, GARY L. Street Address (P.O. Box Number is Not Acceptable) 532 Underhill DR City ORLANDO FL Zip Code 32803	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRIEM, GARY L P.O. BOX 2586 APOPKA, FL 32704	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 560328 ORLANDO, FL 32856
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PRIEM, JANET R P.O. BOX 2586 APOPKA, FL 32704	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 560328 ORLANDO, FL 32856
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NEFF, BARBARA J 1177 ORANGE GROVE LANE APOPKA, FL 32712	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, ELIZABETH 532 UNDERHILL DR ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD CARLISLE, SAMUEL 4925 HOPERITA ST. ORLANDO, FL 32812	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD CARLISLE, SAMUEL 4925 HOPERITA ST. ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD CARLISLE, SAMUEL 4925 HOPERITA ST. ORLANDO, FL 32812	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD CARLISLE, SAMUEL 4925 HOPERITA ST. ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD CARLISLE, SAMUEL 4925 HOPERITA ST. ORLANDO, FL 32812	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD CARLISLE, SAMUEL 4925 HOPERITA ST. ORLANDO, FL 32812
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:  2-04-04 407-8941747 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

54005835



01272004 Chg-NP CR2E037 (10/03)