

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000001068

1. Entity Name

MISSIONS TO THE WORLD INC.



Principal Place of Business

532 UNDERHILL DR
ORLANDO, FL 32803

Mailing Address

PO BOX 560328
ORLANDO, FL 32856



01072005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

75-2973984

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PRIEM, GARY L
532 UNDERHILL DR
ORLANDO, FL 32803

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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 May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PO
NAME	PRIEM, GARY L
STREET ADDRESS	PO BOX 560328
CITY-ST-ZIP	ORLANDO, FL 32856
TITLE	VD
NAME	PRIEM, JANET R
STREET ADDRESS	PO BOX 560328
CITY-ST-ZIP	ORLANDO, FL 32856
TITLE	TD
NAME	SMITH, ELIZABETH
STREET ADDRESS	532 UNDERHILL DR
CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	VTD
NAME	CARLISLE, SAMUEL
STREET ADDRESS	4925 HOPERITA ST
CITY-ST-ZIP	ORLANDO, FL 32812
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/10/05-80078-026 61.25

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IN THIS SPACE**

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:

Elizabeth Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/05 407 894-1747
Date Daytime Phone #