

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 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**



01122006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-2973984	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PRIEM, GARY L
532 UNDERHILL DR
ORLANDO, FL 32803**

**DO NOT WRITE
IN THIS SPACE**

7. 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 _____ (NOTE: Registered Agent Signature required when reissuing) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
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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01/23/06-80007-022 61.25

**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: *Samuel Carlisle*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/06 407 894 1747
Date Daytime Phone #