

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

FILED
Jan 29, 2007 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**

DO NOT WRITE IN THIS SPACE



01262007 No Chg-NP

CR2E037 (4/06)

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**

**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 _____

**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
PRIEM, GARY L
PO BOX 560328
ORLANDO, FL 32856**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
PRIEM, JANET R
PO BOX 560328
ORLANDO, FL 32856**

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**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000607024
01/31/07-80020-015 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:

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

1/30/07 4078941747
Date Daytime Phone