

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001068

FILED
Jan 13, 2009
Secretary of State

Entity Name: MISSIONS TO THE WORLD INC.

Current Principal Place of Business:

6302 STANWIN DRIVE
APOPKA, FL 32712

New Principal Place of Business:

Current Mailing Address:

PO BOX 560328
ORLANDO, FL 32856

New Mailing Address:

FEI Number: 75-2973984

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRIEM, GARY L
6302 STANWIN DRIVE
APOPKA, FL 32712 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: P/D () Delete
Name: PRIEM, GARY L
Address: PO BOX 560328
City-St-Zip: ORLANDO, FL 32856

Title: S/D () Delete
Name: PRIEM, JANET R
Address: PO BOX 560328
City-St-Zip: ORLANDO, FL 32856

Title: T/D () Delete
Name: HORNE, GLADYS
Address: 6302 STANWIN DRIVE
City-St-Zip: APOPKA, FL 32712

Title: VT/D () Delete
Name: CARLISLE, SAMUEL
Address: 4925 HOPERITA ST
City-St-Zip: ORLANDO, FL 32812

Title: VP/D () Delete
Name: WELKER, RICHARD
Address: 1282 DEER LAKE CIRCLE
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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Name:
Address:
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 exemption stated 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 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: GLADYS HORNE

T/D

01/13/2009

Electronic Signature of Signing Officer or Director

Date