

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

05 FEB 21 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-05



10212004 REIN-NP CR2E099 (6/04) JR

DOCUMENT # N02000006358					
1. Entity Name MISSIONS POSSIBLE, INC.					
Principal Place of Business 300 OAK AVE NAPLES, FL 34108		Mailing Address 300 OAK AVE NAPLES, FL 34108			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 35-2182394	Applied For Not Applicable
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GROVE, ROBERT L 300 OAK AVE NAPLES, FL 34108				Name Street Address (P.O. Box Number is Not Acceptable) 200042506992 03/01/05--01050--023 **61.25 City FL Zip Code	
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 <i>Judith Snow</i> <i>Robert Grove</i> 1/8/05 10/26/04					
FILE NOW!!! FEE IS \$236.25 After January 1, 2005, Fee will be \$297.50					
Make check payable to Florida Department of State					

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROVE, ROBERT L		NAME	500042317705	
STREET ADDRESS	300 OAK AVE		STREET ADDRESS	10/29/04--01062--010 **236.25	
CITY-ST-ZIP	NAPLES, FL 34108		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE Director	GARY TRENUM	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROVE, JUDITH		NAME	1534 King Richard Pkwy	
STREET ADDRESS	300 OAK AVE		STREET ADDRESS	Miamisburg, Oh 45342	
CITY-ST-ZIP	NAPLES, FL 34108		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE Director	MARY TRENUM	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BILLINGS, GARY		NAME	1534 King Richard Pkwy	
STREET ADDRESS	160 VIA HAVARRE		STREET ADDRESS	Miamisburg, Oh 45342	
CITY-ST-ZIP	MERRITT ISLAND, FL 32953		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE Director	SHARON Oudet	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BILLINGS, LINDA		NAME	4757 Stratford Ct Apt. 2504	
STREET ADDRESS	160 VIA HAVARRE		STREET ADDRESS	Naples, FL 34105-6693	
CITY-ST-ZIP	MERRITT ISLAND, FL 32953		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE Director	Paul Crevecoeur	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dwight Powell		NAME	P.O. Box 11601	
STREET ADDRESS	2644 River Reach DR		STREET ADDRESS	Naples, FL 34101	
CITY-ST-ZIP	NAPLES FL 34104		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE Director	Derrick Grove	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kathie Powell		NAME	2422 Butterpalm Dr	
STREET ADDRESS	2644 River Reach DR		STREET ADDRESS	Naples FL 34119	
CITY-ST-ZIP	NAPLES FL 34104		CITY-ST-ZIP		

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: *Judith Snow* 10/26/04 (239) 591-4705

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #