

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90196 002 ****61.25

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number

35-2182394

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GROVE, ROBERT L
300 OAK AVE
NAPLES FL 34108**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** Delete
NAME **GROVE, ROBERT L**
STREET ADDRESS **300 OAK AVE**
CITY-ST-ZIP **NAPLES FL 34108**

TITLE **D** Delete
NAME **GROVE, JUDITH**
STREET ADDRESS **300 OAK AVE**
CITY-ST-ZIP **NAPLES FL 34108**

TITLE **D** Delete
NAME **BILLINGS, GARY**
STREET ADDRESS **160 VIA HAVARRE**
CITY-ST-ZIP **MERRITT ISLAND FL 32953**

TITLE **D** Delete
NAME **BILLINGS, LINDA**
STREET ADDRESS **160 VIA HAVARRE**
CITY-ST-ZIP **MERRITT ISLAND FL 32953**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~TREASURER (TREASURER)~~ Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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: *Robert L Grove* **RECEIVED**

1/17/03

(239) 591-4705

CR2E037 (10/02)