

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009505

Entity Name: ONE MISSION MINISTRY, INC.

FILED  
Jan 07, 2004  
Secretary of State

## Current Principal Place of Business:

4908 HIGHVIEW DRIVE  
APOPKA, FL 32712

## New Principal Place of Business:

809 CAMELLIA AVE  
ALTAMONTE SPRINGS, FL 32714

## Current Mailing Address:

4908 HIGHVIEW DRIVE  
APOPKA, FL 32712

## New Mailing Address:

809 CAMELLIA AVE  
ALTAMONTE SPRINGS, FL 32714

FEI Number: 13-4227889

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DELGADO, EFRAIN  
4908 HIGHVIEW DRIVE  
APOPKA, FL 32712

## Name and Address of New Registered Agent:

DELGADO, EFRAIN  
809 CAMELLIA AVE  
ALTAMONTE SPRINGS, FL 32714

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: EFRAIN DELGADO

01/07/2004

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: DELGADO, EFRAIN  
Address: 4908 HIGHVIEW DRIVE  
City-St-Zip: APOPKA, FL 32712

Title: VD ( ) Delete  
Name: ROQUE, LYDIA  
Address: 4908 HIGHVIEW DRIVE  
City-St-Zip: APOPKA, FL 32712

Title: TD ( ) Delete  
Name: ROQUE, PEDRO  
Address: 4908 HIGHVIEW DRIVE  
City-St-Zip: APOPKA, FL 32712

Title: SD ( ) Delete  
Name: DELGADO, JEANNETTE  
Address: 4908 HIGHVIEW DRIVE  
City-St-Zip: APOPKA, FL 32712

Title: D ( ) Delete  
Name: DELGADO, EFRAIN  
Address: 4908 HIGHVIEW DRIVE  
City-St-Zip: APOPKA, FL 32712

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: DELGADO, EFRAIN  
Address: 809 CAMELLIA AVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VD (X) Change ( ) Addition  
Name: ROQUE, LYDIA  
Address: 809 CAMELLIA AVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: TD (X) Change ( ) Addition  
Name: DELGADO, EFRAIN  
Address: 809 CAMELLIA AVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: SD (X) Change ( ) Addition  
Name: DELGADO, JEANNETTE  
Address: 809 CAMELLIA AVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D (X) Change ( ) Addition  
Name: DELGADO, EFRAIN  
Address: 809 CAMELLIA AVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby certify that the information supplied with this filing does not qualify for the 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 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: EFRAIN DELGADO

PD

01/07/2004

Electronic Signature of Signing Officer or Director

Date