

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009505

FILED
May 08, 2007
Secretary of State

Entity Name: ONE MISSION MINISTRY, INC.

Current Principal Place of Business:

809 CAMELLIA AVE
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

809 CAMELLIA AVE
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 13-4227889 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DELGADO, EFRAIN
809 CAMELLIA AVE
ALTAMONTE SPRINGS, FL 32714 US

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

Title: VD () Delete
Name: DELGADO, JEANNETTE
Address: 809 CAMELLIA AVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: () Change () Addition
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: EFRAIN DELGADO

PD

05/08/2007

Electronic Signature of Signing Officer or Director

Date