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Feb 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02179 (2)

1. Corporation Name

RALPH ROBERTS MISSIONS, INCORPORATED

Principal Place of Business	Mailing Address
P.O. BOX 462 MILTON FL 32572 US	P.O. BOX 462 MILTON FL 32572-0462 US

3. Date Incorporated or Qualified: 03/26/1984
3a. Date of Last Report: 04/10/1996

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ROBERTS, RALPH D.
C/O 4176 SHERIDAN DRIVE
PACE FL 32571

10. Name and Address of New Registered Agent

81 Name: Tildon L. Chavers, Jr.
82 Street Address (P.O. Box Number is Not Acceptable): 4381 Stephens Rd.
83:
84 City: Pace FL 85 Zip Code: 32571

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0502, Florida Statutes.

SIGNATURE: Tildon L. Chavers DATE: 1-27-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	ROBERTS, REV. RALPH D.		1.2 NAME		
STREET ADDRESS	535 PLANT AVENUE		1.3 STREET ADDRESS	4496 Arcadia St.	
CITY-ST-ZIP	PACE FL		1.4 CITY-ST-ZIP	Milton, FL 32583	
TITLE	VD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	CHAVERS, TILDON L., JR.		2.2 NAME		
STREET ADDRESS	4176 SHERIDAN DR		2.3 STREET ADDRESS	4381 Stephens Rd.	
CITY-ST-ZIP	PACE FL		2.4 CITY-ST-ZIP	Pace, FL 32571	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ADAMS, ELOISE		3.2 NAME		
STREET ADDRESS	RT 2,		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAUREL HILL FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CLARY, MICHAEL J.		4.2 NAME		
STREET ADDRESS	P.O. BOX 1026 N/A		4.3 STREET ADDRESS		
CITY-ST-ZIP	DESTIN FL		4.4 CITY-ST-ZIP		
TITLE	DST	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	GOODSON, BOBBY		5.2 NAME		
STREET ADDRESS	PO BOX 249		5.3 STREET ADDRESS	5470 Pinecrest Rd.	
CITY-ST-ZIP	SNEADS FL		5.4 CITY-ST-ZIP	Elmore, AL 36025	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Tildon L. Chavers, Jr. 1/27/97 904-994-9705
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0074565