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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N02179

1. Corporation Name

RALPH ROBERTS MISSIONS, INCORPORATED

Principal Place of Business

P.O. BOX 462
 MILTON FL 32572
 US

Mailing Address

P.O. BOX 462
 MILTON FL 32572
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/26/1984	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		NOT APPLICABLE	
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Zip Country		Zip Country			
24 25		29 30			

9. Name and Address of Current Registered Agent

CHIVERS, TILDON L JR
4381 STEPHENS RD
PACE FL 32571

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
 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	1.1 TITLE	☐ Change ☐ Addition
NAME	ROBERTS, REV. RALPH D.	1.2 NAME	
STREET ADDRESS	4496 ARCADIA ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	CHIVERS, TILDON L, JR.	2.2 NAME	
STREET ADDRESS	4381 STEPHENS RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	PACE FL	2.4 CITY-ST-ZIP	
TITLE	D	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	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	5.1 TITLE	☐ Change ☐ Addition
NAME	GOODSON, BOBBY	5.2 NAME	
STREET ADDRESS	5470 PINECREST RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	ELMORE AL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: **RALPH ROBERTS** **SIGNATURE REQUIRED** **R. Roberts** Jan 12, '99 (850) 983-6400
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0079926

CR2E037 (11/98)