# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 04, 2006**
**Secretary of State**

DOCUMENT# N02179

**Entity Name:** RALPH ROBERTS MISSIONS, INCORPORATED

**Current Principal Place of Business:**

P.O. BOX 462
MILTON, FL 32572 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 462
MILTON, FL 32572 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHAVERS, TILDON L JR
4381 STEPHENS RD
PACE, FL 32571 US

**Name and Address of New Registered Agent:**

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: ROBERTS, REV. RALPH, D.
Address: 5532 BORDEN ROAD
City-St-Zip: MILTON, FL 32583

Title: VD ( ) Delete
Name: CHAVERS, TILDON L.,, JR.
Address: 4381 STEPHENS RD
City-St-Zip: PACE, FL

Title: D ( ) Delete
Name: ADAMS, ELOISE,
Address: RT 2,
City-St-Zip: LAUREL HILL, FL

Title: D ( ) Delete
Name: CLARY, MICHAEL J.,
Address: P.O. BOX 1026 N/A
City-St-Zip: DESTIN, FL

Title: DST ( ) Delete
Name: GOODSON, BOBBY,
Address: 5470 PINECREST RD
City-St-Zip: ELMORE, AL

**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 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: RALPH D. ROBERTS PD 01/04/2006
Electronic Signature of Signing Officer or Director — Date