


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90391 007 \*\*\*\*61.25

<b>DOCUMENT # N03000002408</b>					
<b>1. Entity Name</b> MISSION AMERICA MINISTRIES, INC.					
<b>Principal Place of Business</b> 4414 STAGHORN DRIVE LAKE LAND, FL 33810			<b>Mailing Address</b> 4414 STAGHORN DRIVE LAKE LAND, FL 33810		
<b>2. Principal Place of Business</b> 1621 CREEKWOOD RUN Suite, Apt. #, etc.		<b>3. Mailing Address</b> P.O. Box 93092 Suite, Apt. #, etc.			
<b>City &amp; State</b> LAKE LAND FL		<b>City &amp; State</b> LAKE LAND FL		<b>4. FEI Number</b> 05-0560010	
<b>Zip</b> 33809		<b>Country</b> U.S.A.		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> STULL, DAVID 4414 STAGHORN DRIVE LAKE LAND, FL 33810			<b>7. Name and Address of New Registered Agent</b> Name: STULL, DAVID Street Address (P.O. Box Number is Not Acceptable): 1621 CREEKWOOD RUN City: LAKE LAND FL Zip Code: 33809		
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b> SIGNATURE: <i>David M. Stull</i> DATE: 4-28-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD <b>NAME</b> STULL, DAVID M <b>STREET ADDRESS</b> 4414 STAGHORN DRIVE <b>CITY-ST-ZIP</b> LAKE LAND, FL 33810	<input type="checkbox"/> Delete		<b>TITLE</b> PD <b>NAME</b> STULL, DAVID M <b>STREET ADDRESS</b> 1621 CREEKWOOD RUN <b>CITY-ST-ZIP</b> LAKE LAND, FL 33809	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VD <b>NAME</b> STULL, PENNY C <b>STREET ADDRESS</b> 4414 STAGHORN DRIVE <b>CITY-ST-ZIP</b> LAKE LAND, FL 33810	<input type="checkbox"/> Delete		<b>TITLE</b> VD <b>NAME</b> STULL, PENNY C <b>STREET ADDRESS</b> 1621 CREEKWOOD RUN <b>CITY-ST-ZIP</b> LAKE LAND, FL 33809	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> TD <b>NAME</b> STULL, MARSHALL A <b>STREET ADDRESS</b> 4414 STAGHORN DRIVE <b>CITY-ST-ZIP</b> LAKE LAND, FL 33810	<input type="checkbox"/> Delete		<b>TITLE</b> TD <b>NAME</b> STALL, Marshall A. <b>STREET ADDRESS</b> 13730 SUGAR BOWL RD. <b>CITY-ST-ZIP</b> MYAKKA CITY, FL 34251	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> SD <b>NAME</b> READ, NINA J <b>STREET ADDRESS</b> 1621 CREEKWOOD RUN <b>CITY-ST-ZIP</b> LAKE LAND, FL 33809	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> STRADER, JOYCE <b>STREET ADDRESS</b> 777 CARPENTERS WAY <b>CITY-ST-ZIP</b> LAKE LAND, FL 33809	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> STULL, MARK <b>STREET ADDRESS</b> 13730 SUGAR BOWL ROAD <b>CITY-ST-ZIP</b> MYAKKA CITY, FL 34251	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> <i>David M. Stull</i>			4-28-04		863.559.3679
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>