2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# N03000002408

Entity Name: MISSION AMERICA MINISTRIES, INC.

Current Principal Place of Business:

1621 CREEKWOOD
LAKELAND, FL 33809

New Principal Place of Business:

Current Mailing Address:

PO BOX 93092
LAKELAND, FL 33804

New Mailing Address:

FEI Number: 05-0560010 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

STULL, DAVID
1621 CREEKWOOD RUN
LAKELAND, FL 33809 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:	STULL, DAVID M	
Address:	1621 CREEKWOOD RUN	
City-St-Zip:	LAKELAND, FL 33809	
Title:	VD	( ) Delete
Name:	STULL, PENNY C	
Address:	1621 CREEKWOOD RUN	
City-St-Zip:	LAKELAND, FL 33809	
Title:	TD	( ) Delete
Name:	STULL, MARSHALL A	
Address:	13730 SUGAR BOWL RD.	
City-St-Zip:	MYAKKA CITY, FL 34251	
Title:	SD	( ) Delete
Name:	READ, NINA J	
Address:	1621 CREEKWOOD RUN	
City-St-Zip:	LAKELAND, FL 33809	
Title:	D	( ) Delete
Name:	STRADER, JOYCE	
Address:	777 CARPENTERS WAY	
City-St-Zip:	LAKELAND, FL 33809	
Title:	D	( ) Delete
Name:	STULL, MARK	
Address:	13730 SUGAR BOWL ROAD	
City-St-Zip:	MYAKKA CITY, FL 34251	

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:	
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 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 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: DAVID M. STULL PD 04/28/2005

Electronic Signature of Signing Officer or Director — Date