

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002408

FILED  
Apr 26, 2008  
Secretary of State

Entity Name: MISSION AMERICA MINISTRIES, INC.

## Current Principal Place of Business:

1621 CREEKWOOD RUN  
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 ( )

## 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 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: DAVID M. STULL

PD

04/26/2008

Electronic Signature of Signing Officer or Director

Date