2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005401

Entity Name: MISSIONARIES SAMARITANS IN ACTION, INC.

FILED Jan 27, 2004 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:			
1410 W. MICHIGAN STREET ORLANDO, FL 32805						
Current Mailing Address:			New Mailir	New Mailing Address:		
1410 W. MICHIGAN STREET ORLANDO, FL 32805						
FEI Number: 45-0523005 FEI Number Applied For () FEI Nu		umber Not Appli	icable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
FREDERICK, LIONEL P 3202 MCEWAN LANE ORLANDO, FL 32812 US						
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:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () E FREDERICK, LIG 3202 MCEWAN I ORLANDO, FL 3	ANE	Title: Name: Address: City-St-Zip:	P/D (X) Change () Addition FREDERICK, LIONEL P 3202 MCEWAN LANE ORLANDO, FL 32812		
Title: Name: Address: City-St-Zip:	D ()[JEAN-PIERRE, J 2805 GRASSME ORLANDO, FL 3	RE LANE	Title: Name: Address: City-St-Zip:	T (X) Change () Addition JEAN-PIERRE, JACQUELINE 2805 GRASSMERE LANE ORLANDO, FL 32818		
Title: Name: Address: City-St-Zip:	D () [GRIFFIN, SHARO 1837 FRUITWOO ORLANDO, FL 3	DD COURT	Title: Name: Address: City-St-Zip:	()Change()Addition		
Title: Name: Address: City-St-Zip:	1()	Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition CHARLES, CLERMETIDE 2622 CHAR ST. ORLANDO, FL 32839		
Title: Name: Address: City-St-Zip:	1()	Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition COLIN, SERGE 5 YOUMANS DR. APT #1 SPRING VALLEY, NY 10977		
Title: Name: Address: City-St-Zip:	1()	Delete	Title: Name: Address: City-St-Zip:	T () Change (X) Addition COLIN, FERNANDE 313 DRAKE ELM DR. KISSIMMEE, FL 34743		

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: LIONEL P. FREDERICK D 01/27/2004