

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004992

FILED  
May 01, 2008  
Secretary of State

Entity Name: DOCTORSONMISSION.ORG, INC.

**Current Principal Place of Business:**

12140 57TH ROAD  
WEST PALM BEACH, FL 33422

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 221291  
WEST PALM BEACH, FL 334121291

**New Mailing Address:**

FEI Number: 04-3792729      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

CELIE, RIK  
12140 57TH ROAD  
ROYAL PALM BEACH, FL 33411      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:**

Title: P      ( ) Delete  
Name: CELIE, RIK  
Address: 12140 57TH ROAD N  
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: T      ( ) Delete  
Name: GREENFIELD, RICHARD D  
Address: 5886 GOLDEN EAGLE CIRCLE  
City-St-Zip: PALM BEACH GARDENS, FL 334181528

Title: VP      ( ) Delete  
Name: CELIE, SABINE  
Address: 12140 57TH ROAD N  
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: D      ( ) Delete  
Name: DUGGAN, PAUL  
Address: 6500 FALCONSGATE AVENUE  
City-St-Zip: DAVIE, FL 33331

**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: D      (X) Change ( ) Addition  
Name: DUGGAN, PAUL  
Address: 2527 PISGAH ROAD  
City-St-Zip: ANDREWS, NC 289017351

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: RICHARD D. GREENFIELD

T

05/01/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date