2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N04000005825

Entity Name: TRUE TEAM MISSIONS INC

RT FILED
Sep 19, 2008
Secretary of State

Current P	rincipal Place	e of Business:	New Principal Place of Business:		
	IMIT OAKS DF IVILLE, FL 32				
Current M	lailing Addre	ss:	New Mailing Address:		
	IMIT OAKS DF IVILLE, FL 32				
FEI Number	: 20-1240750	FEI Number Applied For()	FEI Number Not A	Applicable ()	Certificate of Status Desired ()
Name and	Address of	Current Registered Agent:	Name a	ınd Address	of New Registered Agent:
1282 SUM	RG, STEVEN MIT OAKS DF WILLE, FL 32	R. WEST			
	e named entity e of Florida.	submits this statement for the p	urpose of changir	ng its registere	ed office or registered agent, or both,
SIGNATUI	RE:				
	Electro	nic Signature of Registered Age	nt		Date
OFFICER	S AND DIREC	TORS:	ADDITI	ONS/CHANG	ES TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	LUXENBERG,	OAKS DR. WEST	Title: Name: Address: City-St-Zi	p:	() Change () Addition
Title: Name: Address: City-St-Zip:	VP (KAMAN, TRAC 824 RILEY LA ST. AUGUSTIN	NE .	Title: Name: Address: City-St-Zi	1282 SUM	(X) Change () Addition RG, STEVEN B MIT OAKS DR. WEST VILLE, FL 32221
Title: Name: Address: City-St-Zip:	VP (SCRUGGS, JO 1014 LEGION GREENSBURO	PARK ROAD	Title: Name: Address: City-St-Zi		(X) Change () Addition 5, JOY ON PARK ROAD URG, KY 42743
Title: Name: Address: City-St-Zip:	BROWN, DAW 1568 CAROLIN) Delete N IA JASMINE RD SANT, SC 29464	Title: Name: Address: City-St-Zi		(X) Change () Addition OSCAR OLINA JASMINE RD .EASANT, SC 29464
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zi		() Change (X) Addition CK IS VALLEY RD. T CITY, CA 95531
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zi		() Change (X) Addition CCOLLUM SPRINGVILLE RD. LE, AL 35173

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: JULIE L LUXENBERG P 09/19/2008