# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 29, 2009**
**Secretary of State**

DOCUMENT# N04000005825

**Entity Name:** TRUE TEAM MISSIONS INC.

**Current Principal Place of Business:**

1282 SUMMIT OAKS DR. WEST
JACKSONVILLE, FL 32221

**New Principal Place of Business:**

**Current Mailing Address:**

1282 SUMMIT OAKS DR. WEST
JACKSONVILLE, FL 32221

**New Mailing Address:**

**FEI Number: 20-1240750** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

LUXENBERG, STEVEN B
1282 SUMMIT OAKS DR. WEST
JACKSONVILLE, FL 32221 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: | P | ( ) Delete |
| Name: | LUXENBERG, JULIE L | |
| Address: | 1282 SUMMIT OAKS DR. WEST | |
| City-St-Zip: | JACKSONVILLE, FL 32221 US | |
| Title: | VP | ( ) Delete |
| Name: | LUXENBERG, STEVEN B | |
| Address: | 1282 SUMMIT OAKS DR. WEST | |
| City-St-Zip: | JACKSONVILLE, FL 32221 US | |
| Title: | S | ( ) Delete |
| Name: | SCRUGGS, JOY | |
| Address: | 1014 LEGION PARK ROAD | |
| City-St-Zip: | GREENSBURG, KY 42743 US | |
| Title: | D | ( ) Delete |
| Name: | BROWN, OSCAR | |
| Address: | 1568 CAROLINA JASMINE RD | |
| City-St-Zip: | MOUNT PLEASANT, SC 29464 US | |
| Title: | D | ( ) Delete |
| Name: | WEITL, RICK | |
| Address: | 4675 KINGS VALLEY RD. | |
| City-St-Zip: | CRESCENT CITY, CA 95531 US | |
| Title: | D | ( ) Delete |
| Name: | SCRUGGS, PHILLIP | |
| Address: | 1014 LEGION PARK ROAD | |
| City-St-Zip: | GREENSBURG, KY 42743 US | |

**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: JULIE L LUXENBERG P 04/29/2009

Electronic Signature of Signing Officer or Director — Date