

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010473

FILED
Feb 08, 2006
Secretary of State

Entity Name: THE FLORIDA MISSIONS COUNCIL, INC.

Current Principal Place of Business:

6851 WEST SUNRISE BLVD.
SUITE 150
PLANTATION, FL 33313

New Principal Place of Business:

9191 ORANGE DRIVE
DAVIE, FL 33324

Current Mailing Address:

6851 WEST SUNRISE BLVD.
SUITE 150
PLANTATION, FL 33313

New Mailing Address:

9191 ORANGE DRIVE
DAVIE, FL 33324

FEI Number: 20-1884842

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HATTAWAY, MARY J
1485 SW 97TH WAY
DAVIE, FL 33324 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: D () Delete
Name: HATTAWAY, MARY J
Address: 1485 SW 97TH WAY
City-St-Zip: DAVIE, FL 33324

Title: D () Delete
Name: LACOSTA, CARLOS
Address: 27211 HOLLYBROOK TRAIL
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: D () Delete
Name: YOUNGER, KEVIN
Address: 2316 LIMERICK DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

Title: D () Delete
Name: STEWART, DELANO
Address: 2898 ROYAL PAKS DR.
City-St-Zip: TALLAHASSEE, FL 32309

Title: D () Delete
Name: REUS, JOHN
Address: 17071 SW 84TH COURT
City-St-Zip: MIAMI, FL 33157

Title: D () Delete
Name: HATTAWAY, TOM
Address: 1485 SW 97TH WAY
City-St-Zip: DAVIE, FL 32837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JAMES, FOLKER T
Address: 236 JOHNNYCAKE DRIVE
City-St-Zip: NAPLES, FL 34110

Title: S (X) Change () Addition
Name: MARY, HATTAWAY J
Address: 1485 SW 97TH WAY
City-St-Zip: DAVIE, FL 33324

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: EARGLE, GREGG
Address: 28910 WALKER DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: STEPHENSON, SAMUEL
Address: 1048 CREEKS BEND DRIVE
City-St-Zip: CASSELBERRY, FL 32707

I hereby certify that the information supplied with this filing does not qualify for the 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: MARY J HATTAWAY

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02/08/2006

Electronic Signature of Signing Officer or Director

Date