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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90118 034 \*\*\*\*61.25

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**DOCUMENT # N04945**

1. Corporation Name

**PRO MISSIONS, INC.**

Principal Place of Business

C/O W.C. JONES  
619 EIGHTH AVENUE  
CRESTVIEW FL 32536-2101

Mailing Address

C/O W.C. JONES  
619 EIGHTH AVENUE  
CRESTVIEW FL 32536-2101



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

**08/31/1984**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
**59-2447465**

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JONES, W.C.  
5859 FRIENDSHIP LANE  
CRESTVIEW FL 32536

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME ERVIN, JIMMY, (DR)  
STREET ADDRESS 8351 STAVENGELD 8351 Stavanger Cove  
CITY-ST-ZIP CORDOVA TN

1.1 TITLE D  
1.2 NAME Brand, Eric  
1.3 STREET ADDRESS 2687 Morning Woods Dr.  
1.4 CITY-ST-ZIP Cordova, TN 38018

TITLE C  
NAME JONES, W.C.  
STREET ADDRESS 5859 FREINDSHIP LANE  
CITY-ST-ZIP CRESTVIEW FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D  
NAME PHILLIPS, HARRY (DR.)  
STREET ADDRESS 8264 BARBERRY PLACE  
CITY-ST-ZIP SOUTHAVEN MS

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE TD  
NAME SKELTON, BILL (REV)  
STREET ADDRESS 2941 KATE BOND ROAD  
CITY-ST-ZIP MEMPHIS TN 38133

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  
NAME VINCENT, ROBERT (DR)  
STREET ADDRESS 7398 WEST DESOTO RD.  
CITY-ST-ZIP WALLS MS

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D  
NAME MCNEAL, LARRY  
STREET ADDRESS 1717 RUSSELL PKWY  
CITY-ST-ZIP WARNER ROBBINS GA

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/99 901-377-1150  
Date Daytime Phone #

CR25037 (11/98)