

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000003643

FILED
Feb 13, 2009
Secretary of State

Entity Name: NELSON MISSIONS, INC.

Current Principal Place of Business:

36 FAIRWAY DRIVE
BABSON PARK, FL 33827

New Principal Place of Business:

Current Mailing Address:

PO BOX 1437
LAKE WALES, FL 338591437

New Mailing Address:

36 FAIRWAY DRIVE
BABSON PARK, FL 33827

FEI Number: 20-2886916

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NELSON, JAMES M
3311 COUNTRY LAKE CIRCLE
LAKE WALES, FL 33898 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: JAMES M. NELSON

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ALLEN, DALE
Address: 441 NORTH CROOKED LAKE DRIVE
City-St-Zip: BABSON PARK, FL 33827

Title: DV () Delete
Name: NELSON, JAMES M C.F.P.
Address: 3311 COUNTRY LAKE CIRCLE
City-St-Zip: LAKE WALES, FL 33898

Title: D () Delete
Name: ELLIS, ROY
Address: 588 COCHISE
City-St-Zip: MADISONVILLE, KY 42431

Title: DP () Delete
Name: NELSON, WALTER L
Address: 36 FAIRWAY DRIVE
City-St-Zip: BABSON PARK, FL 33827

Title: D () Delete
Name: HALL, CHARLES
Address: 11304 WEST CORAL COURT
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: D () Delete
Name: STEVERSON, AJ
Address: 3630 GREAT MASTERPIECE ROAD
City-St-Zip: LAKE WALES, FL 33853

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
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City-St-Zip:

Title: () Change () Addition
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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: WALTER L. NELSON

PRES

02/13/2009

Electronic Signature of Signing Officer or Director

Date