

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004086

FILED
Jun 17, 2009
Secretary of State

Entity Name: BUSHFIRE MISSIONS INC.

Current Principal Place of Business:

829 SW 11TH AVE.
FT. LAUDERDALE, FL 33315

New Principal Place of Business:

Current Mailing Address:

829 SW 11TH AVE.
FT. LAUDERDALE, FL 33315

New Mailing Address:

FEI Number: 20-2719136 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD
SUITE A-100
TAMPA, FL 336123425 US

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: PRES () Delete
Name: THOMPSON, JOHANNES
Address: 829 SW 11TH AVE.
City-St-Zip: FT. LAUDERDALE, FL 33315

Title: S/T () Delete
Name: THOMPSON, LISA LEE
Address: 829 SW 11TH AVE.
City-St-Zip: FT. LAUDERDALE, FL 33315

Title: D () Delete
Name: THOMPSON, DAVID GREGG
Address: 829 SW 11TH AVE.
City-St-Zip: FT. LAUDERDALE, FL 33315

Title: D () Delete
Name: GORDON, CHOVINE GARDNE
Address: 819 E RED HOUSE BRANCH
City-St-Zip: ST. AUGUSTINE, FL 32084 US

Title: D () Delete
Name: GIBSON, WILLIAM BRADLE
Address: 457 SW 191 TERR
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: D () Delete
Name: GORDON, ROBERT
Address: 3986 TANGLE DR.
City-St-Zip: TITUSVILLE, FL 32796 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: LISA THOMPSON

TR

06/17/2009

Electronic Signature of Signing Officer or Director

Date