

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2007 8:00 am**  
**Secretary of State**

DOCUMENT # N05000012379

1. Entity Name

MISSION FOR CHRIST TO COLOMBIA, S.A., INC.



02-27-2007 90054 001 \*\*\*\*\*8.75

02-27-2007 90054 002 \*\*\*\*\*61.25

Principal Place of Business

Mailing Address

7021 PINE HOLLOW DRIVE  
MOUNT DORA FL 32757

7021 PINE HOLLOW DRIVE  
MOUNT DORA FL 32757

2. Principal Place of Business - No P.O. Box

3. Mailing Address

7021 Pine Hollow Dr

7021 Pine Hollow Dr

Suite, Apt., etc.

Suite, Apt., etc.

NIL

NIL

City & State  
Mt Dora FLA

City & State  
Mt Dora FLA

Zip

Country

Zip

Country

32757

USA

32757

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COMEAU, CHARLES M  
7021 PINE HOLLOW ROAD  
MOUNT DORA FL 32757

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	NAME	COMEAU, CHARLES M	<input type="checkbox"/> Delete
STREET ADDRESS	7021 PINE HOLLOW DRIVE			
CITY- ST- ZIP	MOUNT DORA FL 32757			
TITLE	D	NAME	COMEAU, MAGDALENA	<input type="checkbox"/> Delete
STREET ADDRESS	7021 PINE HOLLOW DRIVE			
CITY- ST- ZIP	MOUNT DORA FL 32757			
TITLE	D	NAME	COFFMAN, HAROLD V	<input type="checkbox"/> Delete
STREET ADDRESS	1502 FAHNSTOCK STREET			
CITY- ST- ZIP	EUSTIS FL 32726			
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY- ST- ZIP				
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY- ST- ZIP				
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY- ST- ZIP				

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY- ST- ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY- ST- ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY- ST- ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY- ST- ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY- ST- ZIP				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Charles M. Comeau* CHARLES M. COMEAU 2/17/07 620.6658 407



1st MOORE

CR2E037 (10/06)

4. FEI Number

35-2265300

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required