2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010260

Entity Name: JOHN HENRY HUGHES MISSION, INC.

FILED Mar 12, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1899 NE 23RD AVE GAINESVILLE, FL 32609 **Current Mailing Address: New Mailing Address:** 1899 NE 23RD AVE GAINESVILLE, FL 32609 FEI Number: 20-5638832 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VOLPE, SEBBY L 1899 NÉ 23RD AVE GAINESVILLE, FL 32609 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition VOLPE, SEBBY L VOLPE, SEBBY L Name: Name: 1899 NE 23RD AVE. Address: 1899 NE 23RD AVE. Address: City-St-Zip: GAINESVILLE, FL 32609 City-St-Zip: GAINESVILLE, FL 32609 US Title: Title: (X) Change () Addition () Delete DEGENNARO, LAWRENCE Name: DEGENNARO, LAWRENCE Name: Address: 6979 GATOR BONE ROAD Address: 6979 GATOR BONE ROAD City-St-Zip: KEYSTONE HEIGHTS, FL 32656 City-St-Zip: KEYSTONE HEIGHTS, FL 32656 US Title: () Delete Title: (X) Change () Addition HELSEL, RONALD K Name: MALLARD, RODGER C Name: 26305 NW 254TH WAY Address: Address: 15202 NW 140TH ST. City-St-Zip: HIGH SPRINGS, FL 32645 City-St-Zip: ALACHUA, FL 32615 US Title: () Delete Title: () Change (X) Addition Name: Name: VOLPE, BRYAN 1899 NE 23RD AVE. Address: Address: City-St-Zip: City-St-Zip: GAINESVILLE, FL 32609 US Title: () Delete Title: () Change (X) Addition VOLPE, STACY Name: Name: 1899 NE 23RD AVE. Address: Address: GAINESVILLE, FL 32609 US City-St-Zip: City-St-Zip: Title: () Delete Title: () Change (X) Addition VOLPE, CHRISTINA Name: Name: Address: Address: 1899 NE 23RD AVE GAINESVILLE, FL 32609 US City-St-Zip: City-St-Zip:

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: SEBBY L. VOLPE P 03/12/2007