2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008
Secretary of State

DOCUMENT# N07000010805

Entity Name: MISSION HOUSING MINISTRIES, INC.

Current Principal Place of Business:

4350 BAYWOOD BLVD
MOUNT DORA, FL 32757

New Principal Place of Business:

Current Mailing Address:

4350 BAYWOOD BLVD
MOUNT DORA, FL 32757

New Mailing Address:

FEI Number: 51-0659863 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEWART, CHARLES R
4350 BAYWOOD BLVD
MOUNT DORA, FL 32757 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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MCCRORY, BUDDY
Address: 35152 LAPLACE CT
City-St-Zip: EUSTIS, FL 32726

Title: D ( ) Delete
Name: MCCRORY, DOLORES
Address: 35152 LAPLACE CT
City-St-Zip: EUSTIS, FL 32726

Title: D ( ) Delete
Name: WHITAKER, BOB
Address: 2921 WEKIVA RD
City-St-Zip: TAVARES, FL 32778

Title: D ( ) Delete
Name: WHITAKER, SALLY
Address: 2921 WEKIVA RD
City-St-Zip: TAVARES, FL 32778

Title: D ( ) Delete
Name: OSBORNE, TIM
Address: 201 WOODBLUFF DR
City-St-Zip: LAFAYETTE, LA 70503

Title: D ( ) Delete
Name: OSBORNE, TRISHA
Address: 201 WOODBLUFF DR
City-St-Zip: LAFAYETTE, LA 70503

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: CHARLES R. STEWART P 01/07/2008

Electronic Signature of Signing Officer or Director — Date