

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010805

FILED  
Jan 16, 2009  
Secretary of State

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

PRES

01/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date