

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002834

FILED  
Mar 19, 2009  
Secretary of State

Entity Name: MISSIONS TRIPS TO MISSIONARIES INC.

**Current Principal Place of Business:**

38104 OWANS RD  
DADE CITY, FL 33523

**New Principal Place of Business:**

**Current Mailing Address:**

38104 OWANS RD  
DADE CITY, FL 33523

**New Mailing Address:**

FEI Number: 83-0514538

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GILL, BRIAN K SR  
38104 OWANS RD  
DADE CITY, FL 33523 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: P ( ) Delete  
Name: GILL, BRIAN K SR  
Address: 38104 OWANS RD  
City-St-Zip: DADE CITY, FL 33523

Title: V ( ) Delete  
Name: GILL, BRETT E SR  
Address: 909 WEST COLUMBUS DR  
City-St-Zip: TAMPA, FL 33602

Title: T ( ) Delete  
Name: GILL, MELISSA A  
Address: 38104 OWANS RD  
City-St-Zip: DADE CITY, FL 33523

Title: C ( ) Delete  
Name: PERRY, STEVEN  
Address: 387 CANNON TRAIL  
City-St-Zip: DALLAS, GA 30157

**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:

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: BRIAN GILL

P

03/19/2009

Electronic Signature of Signing Officer or Director

Date