


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 21, 2007 8:00 am
Secretary of State

05-21-2007 90051 019 ****61.25

DOCUMENT # N16787		
1. Entity Name TOTALMAN MISSION CENTER, INC.		

Principal Place of Business <i>1469 N. Magnolia Unit (T)</i> 6504 OLD GAINESVILLE RD. OCALA, FL 34475	Mailing Address 323 NW 26TH ST. OCALA, FL 34475
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01032007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2999240	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WALKER HOLT, MARY ANN 323 NW 26TH ST. OCALA, FL 32674
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IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALKER-HOLT, MARY ANN 323 NW 26TH ST. OCALA, FL 34475
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCKINELY HOLT, RONNIE 323 NW 26TH ST OCALA, FL 34475
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ELLIS, LESTON 320 N.W. 56 AVE. OCALA, FL 34482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ELLIS, ELINOR R 320 S.W. 56 AVE. OCALA, FL 34482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *M. A. W. Holt*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/04/07 *352-867-8936*
Date Daytime Phone #