2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 10, 2008 8:00 am
Secretary of State
06-10-2008 90001 032 ****61.25

DOCUMENT # N16787

1. Entity Name
TOTALMAN MISSION CENTER, INC.

Principal Place of Business
12900 N.E. Old Jax. Rd
Sparr. Fl.

Mailing Address
89 Redwood Trk, cse.
Ocala Fl. 34472

04162008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-2999240

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WALKER HOLT, MARY ANN
~~323 NW 26TH ST.~~ 89 Redwood Trk cse.
~~OCALA, FL 32674~~ Ocala Fl 34472

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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: Dr. Mary Ann Walker Holt President 5/30/08
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, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WALKER-HOLT, MARY ANN
STREET ADDRESS	~~323 NW 26TH ST.~~ 89 Redwood Trk. cse.
CITY-ST-ZIP	OCALA, FL ~~34475~~ 34472
TITLE	TD
NAME	MCKINELY HOLT, RONNIE
STREET ADDRESS	~~323 NW 26TH ST~~ 89 Redwood Trk. cse.
CITY-ST-ZIP	OCALA, FL ~~34475~~ 34472
TITLE	SD
NAME	ELLIS, LESTON
STREET ADDRESS	320 N.W. 56 AVE.
CITY-ST-ZIP	OCALA, FL 34482
TITLE	VD
NAME	ELLIS, ELINOR R
STREET ADDRESS	320 S.W. 56 AVE.
CITY-ST-ZIP	OCALA, FL 34482
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Dr. M.A.W. Holt 5/30/08 352 687-4827
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #