

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2003 8:00 am
Secretary of State

05-14-2003 90144 022 *****61.25

DOCUMENT # N22342

1. Entity Name

FRONTLINE MISSIONS, INC.



Principal Place of Business

**FRONTLINE MISSIONS
3563 OAKWATER POINTE DRIVE
ORLANDO FL 32812
US**

Mailing Address

**C/O SUE ELLEN MCDANIEL
PO BOX 560508
ORLANDO FL 32856-0508
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2845119**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MCDANIEL, SUE ELLEN
3563 OAKWATER POINTE DRIVE
ORLANDO FL 32812**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **HALL, BARRY D.**
STREET ADDRESS **2872 EUSTON ROAD**
CITY-ST-ZIP **WINTER PARK FL**

TITLE **DVP** ☐ Delete
NAME **HALL, HAROLD A.**
STREET ADDRESS **2872 EUSTON ROAD**
CITY-ST-ZIP **WINTER PARK FL**

TITLE **D** ☐ Delete
NAME **HARPER, EVERETT**
STREET ADDRESS **429 W. CHURCH AVE.**
CITY-ST-ZIP **LONGWOOD FL**

TITLE **D** ☐ Delete
NAME **BRANNAN, DARIN**
STREET ADDRESS **7405 N. W. 126TH**
CITY-ST-ZIP **OKALAHOMA CITY OK**

TITLE **D** ☐ Delete
NAME **CLARK, FRED**
STREET ADDRESS **1409 KNOLLWOOD CIRCLE**
CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☐ Delete
NAME **WILLIAMS, RUSSELL**
STREET ADDRESS **3537 NELSON PLACE**
CITY-ST-ZIP **TITUSVILLE FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **DONALD WILSON**
STREET ADDRESS **151 MT. CREEK ROAD**
CITY-ST-ZIP **BLUERIDGE, GEORGIA 30513**

TITLE **S/T** ☐ Change ☒ Addition
NAME **SUE MCDANIEL**
STREET ADDRESS **3563 OAKWATER POINTE DR**
CITY-ST-ZIP **ORLANDO, FLORIDA 32812**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Sue Ellen McDaniel*

5-12-03 (402) 857-6510

CR2E037 (10/02)