

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

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90875 030 ***61.25

DOCUMENT # N26034

1. Entity Name

MISSIONARY MINISTRIES INTERNATIONAL INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7857 BLANDING BLVD

3. Mailing Address

P O Box 14711

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
JACKSONVILLE FLORIDA

City & State
JACKSONVILLE FLORIDA

4. FEI Number
59-2888478

Applied For
Not Applicable

Zip
32244

Country
USA

Zip
32238-1711

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
DOUGHERTY, BILL

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

7587 BLANDING BLVD

City JACKSONVILLE **FL** **Zip Code** 32244

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCD CUNNINGHAM, WILLIAM L
7587 BLANDING BLVD
JACKSONVILLE FL 32244

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD CUNNINGHAM, J. LAMON
7587 BLANDING BLVD
JACKSONVILLE FL 32244

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D. DOUGHERTY, BILL
7587 BLANDING BLVD
JACKSONVILLE FL 32244

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T BARRON, ROBERT B
5835 JASON DR
JACKSONVILLE FL 32244

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Robert B. Barron **ROBERT B BARRON** 29APR02 904-232-2203
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E0378 (12/01)