

2-4-97

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FILE NOW: FILING FEE IS \$61.25

FILED

Feb 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N42560 (5)

1. Corporation Name

MAXIMUM IMPACT MISSION INC.

Principal Place of Business

65 SOUTH MILL ST.
LEXINGTON OH 44904

Mailing Address

65 SOUTH MILL ST.
LEXINGTON OH 44904-1228

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Date Incorporated or Qualified

03/14/1991

3a. Date of Last Report

09/26/1996

4. FEI Number

59-3066040

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes



No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORELAND, DONALD REV.
4914 GRANLAC AVE.
ORLANDO FL 32812

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME HAHN, TIMOTHY
STREET ADDRESS 7188 ST. RT. 42 SOUTH
CITY-ST-ZIP MT. GILEAD OH 43338☐ DELETE1.1 TITLE PD
1.2 NAME HAHN, TIMOTHY
1.3 STREET ADDRESS 617 WALNUT DR. N.
1.4 CITY-ST-ZIP LEXINGTON, OH 44904☒ Change☐ AdditionTITLE VD
NAME SISSON, VINCE
STREET ADDRESS 11538 WHEELER RD.
CITY-ST-ZIP GARRETSVILLE OH 44904☐ DELETE2.1 TITLE VD
2.2 NAME SISSON, VINCE
2.3 STREET ADDRESS 11538 WHEELER RD
2.4 CITY-ST-ZIP GARRETSVILLE, OH 44231☒ Change☐ AdditionTITLE SD
NAME DURBIN, BRIAN
STREET ADDRESS 7188 ST. RT. 42 SOUTH
CITY-ST-ZIP MT. GILEAD OH 43338☒ DELETE3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP☐ Change☐ AdditionTITLE TS
NAME BARTHOLOMEW, CONNIE
STREET ADDRESS 334 SOUTH DIAMOND
CITY-ST-ZIP MANSFIELD OH 44905☐ DELETE4.1 TITLE DTS
4.2 NAME BARTHOLOMEW, CONNIE
4.3 STREET ADDRESS 334 SOUTH DIAMOND
4.4 CITY-ST-ZIP MANSFIELD, OH 44902☒ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETE5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETE6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP☐ Change☐ Addition

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-97

(419)774-9711

Date

Daytime Phone # 0075894

CP2E037 (9/96)