


FILE NOW: FILING FEE IS \$61.25

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Mar 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N45348 (2) 1. Corporation Name MISSIONS INTERNATIONAL, INC.			
Principal Place of Business 2548 INDIAN HILLS CT TITUSVILLE FL 32780		Mailing Address 2548 INDIAN HILLS CT TITUSVILLE FL 32780-5928	
2. Principal Place of Business 21 6720-2 121st Ave Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. Box 68 Suite, Apt. #, etc.	
City & State 23 LARGO FL		City & State 27 Collins, GA	
Zip 24 33773		Zip 29 30421-0068	
Country 25 PINELLAS		Country 30 TATINALL	
9. Name and Address of Current Registered Agent BURRELL, LAURA A. 2548 INDIAN HILLS CT TITUSVILLE FL 32780		10. Name and Address of New Registered Agent 81 Name MILDRED LINDSEY 82 Street Address (P.O. Box Number is Not Acceptable) 6720-2 121st Ave 83 84 City LARGO FL 85 Zip Code 33773	
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: <i>Mildred Lindsey</i> V.P. Date: 3/12/97			
12. OFFICERS AND DIRECTORS			
TITLE	D <input type="checkbox"/> DELETE	11 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINDSEY, MILDRED	12 NAME	
STREET ADDRESS	6720-2 121ST AVE N	13 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	14 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	21 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINDSEY, JOHN	22 NAME	
STREET ADDRESS	6720-2 121ST AVE N	23 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	24 CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> DELETE	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURRELL, LAURA A	32 NAME	
STREET ADDRESS	2548 INDIAN HILLS CT	33 STREET ADDRESS	604 N.W. Main Street
CITY-ST-ZIP	TITUSVILLE FL	34 CITY-ST-ZIP	Collins, GA 30421-0068
TITLE	D <input type="checkbox"/> DELETE	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURRELL, DAVID O.	42 NAME	
STREET ADDRESS	25487 INDIAN HILLS CT.	43 STREET ADDRESS	604 N.W. MAIN STREET
CITY-ST-ZIP	TITUSVILLE FL	44 CITY-ST-ZIP	Collins, GA 30421-0068
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAW, MARTHA L.	52 NAME	
STREET ADDRESS	2660 GRADUATE CT	53 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	
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. If changed, or on an attachment with an address.			
SIGNATURE <i>Mildred Lindsey</i> DATE AND TYPE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 3/12/97 (813) 536 2091 Daytime Phone # 0015068	



CR2E037 (9/96)