

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 24 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N47283 (9)

1. Corporation Name

MISSION FOR CHRIST, INC.

Principal Place of Business

1622 S WASHINGTON AVE  
APOPKA FL 32703  
US

Mailing Address

209 EAST 17TH STREET  
APOPKA FL 32703-71203. Date Incorporated or Qualified  
02/10/19923a. Date of Last Report  
02/28/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City &amp; State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City &amp; State

28

Zip

Country

29

30

4. FEI Number

59-3157661

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

HARRIS, ELDER JAMES, SR  
209 EAST 17TH STREET  
APOPKA FL 32703

10. Name and Address of New Registered Agent

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

TITLE	S	<input type="checkbox"/> DELETE
NAME	HICKS, ROSA M	
STREET ADDRESS	1111 S. CENTRAL AVE	
CITY-ST-ZIP	APOPKA FL 32703	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SIMS, GREG	
STREET ADDRESS	1037 W. LONG STREET	
CITY-ST-ZIP	ORLANDO FL 32819	

TITLE	T	<input type="checkbox"/> DELETE
NAME	THOMAS, ROBERT L	
STREET ADDRESS	1037 W. LONG STREET	
CITY-ST-ZIP	ORLANDO FL 32819	

TITLE	T	<input type="checkbox"/> DELETE
NAME	BARFIELD, CAROL	
STREET ADDRESS	P.O. BOX 681513 N/A	
CITY-ST-ZIP	ORLANDO FL 32868	

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	KING, SHIRLEY M	
STREET ADDRESS	306 S. HAWTHORNE	
CITY-ST-ZIP	APOPKA FL 32703	

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	WALDEN, DANNY	
STREET ADDRESS	803 #3 SOUTH IVEY LANE	
CITY-ST-ZIP	ORLANDO FL 32868	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Hattie, Orr
5.3 STREET ADDRESS	9 W. 13th St.
5.4 CITY-ST-ZIP	APOPKA, FLA. 32703

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0012701

CR2E037 (9/96)