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Mar 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northington Secretary of State DIVISION OF CORPORATIONS
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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

3. Date Incorporated or Qualified

02/10/1992

4. FEI Number

59-3157661

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 S
NAME HICKS, ROSA M
STREET ADDRESS 1111 S. CENTRAL AVE
CITY-ST-ZIP APOPKA FL 32703

1.1 TITLE T
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Ella Holmes
2724 McQueen Rd.
Apopka, Fla. 32703

TITLE D
NAME SIMS, GREG
STREET ADDRESS 1037 W. LONG STREET
CITY-ST-ZIP ORLANDO FL 32819

2.1 TITLE T
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Andra Lynette McCarty
6807 Nawadaha Blvd
Orlando, Fla. 32828

TITLE T
NAME THOMAS, ROBERT L
STREET ADDRESS 1037 W. LONG STREET
CITY-ST-ZIP ORLANDO FL 32819

3.1 TITLE T
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Jackie Campbell
1817 Horne Ave
Orlando, Fla 32811

TITLE T
NAME BARFIELD, CAROL
STREET ADDRESS P.O. BOX 681513 N/A
CITY-ST-ZIP ORLANDO FL 32868

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE T
NAME HATTIE, ORR
STREET ADDRESS 9 W 13TH ST
CITY-ST-ZIP APOPKA FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME James A. Harris Sr
STREET ADDRESS 209 East 17th Street
CITY-ST-ZIP Apopka, Florida 32703 (Pastor)

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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: James A. Harris Sr

2-25-98

CR2E037 (10/97)