

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # N47283**

1. Entity Name

MISSION FOR CHRIST, INC.



Principal Place of Business

1622 S WASHINGTON AVE  
APOPKA, FL 32703 US

Mailing Address

PO BOX 773  
APOPKA, FL 32704

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 APR 30 AM 9:51



04302004 No Chg-NP

CR2E037 (10/03)

4. FEI Number

59-3157661

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ORR, EUGENE 9 W. 13TH ST APOPKA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOLMES, ELLA 3168 N PINE HILL RD ORLANDO, FL 32802
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCCARTY LYNETTE, ANDRA 3024 N POWER DR APT 224 ORLANDO, FL 32118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THOMPSON, EZEKIEL 4300 COLONY WAY ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HATTIE, ORR 9 W 13TH ST APOPKA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, JAMES A. SR. 209 EAST 17TH STREET APOPKA, FL 32703

300035732813  
05/07/04--01015--026 \*\*\$61.25

**DO NOT WRITE  
IN THIS SPACE**

300035732813  
05/07/04--01015--027 \*\*\$8.75

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-04