

2005 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
05 FEB -4 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02042005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3157661

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE S ☐ Delete
NAME ORR, EUGENE
STREET ADDRESS 9 W. 13TH ST
CITY-ST-ZIP APOPKA, FL

TITLE ☐ Change ☒ Addition
NAME *Minister*
NAME *James A. Harris Sr.*
STREET ADDRESS *731 Stable Run Ct.*
CITY-ST-ZIP *Tallahassee, Florida 32210*

TITLE T ☐ Delete
NAME HOLMES, ELLA
STREET ADDRESS 3168 N PINE HILL RD
CITY-ST-ZIP ORLANDO, FL 32802

TITLE ☐ Change ☐ Addition
NAME
NAME
STREET ADDRESS
CITY-ST-ZIP
300046654823
02/15/05--01052--005 **70.00

TITLE T ☐ Delete
NAME MCCARTY LYNETTE, ANDRA
STREET ADDRESS 3024 N POWER DR APT 224
CITY-ST-ZIP ORLANDO, FL 32118

TITLE ☐ Change ☐ Addition
NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME THOMPSON, EZEKIEL
STREET ADDRESS 4300 COLONY WAY
CITY-ST-ZIP ORLANDO, FL 32801

TITLE ☐ Change ☐ Addition
NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME HARRIS, JAMES A. SR.
STREET ADDRESS 209 EAST 17TH STREET
CITY-ST-ZIP APOPKA, FL 32703

TITLE ☐ Change ☐ Addition
NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #