

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2003 8:00 am
Secretary of State

09-12-2003 90093 035 ****70.00

0071286

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**

00100710



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

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

7. Name and Address of New Registered Agent
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 _____

FILE NOW: FEE IS \$61.25

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brown, Timothy	
STREET ADDRESS	P.O. Box 770788	
CITY-ST-ZIP	Winter Garden, FL 34777	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cotten, Debra W.	
STREET ADDRESS	790 W. Swoope Ave.	
CITY-ST-ZIP	Winter Park, FL 32789	
TITLE	C	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harris, James Jr.	
STREET ADDRESS	1625 Roswell Drive	
CITY-ST-ZIP	Tallahassee, FL 32314	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **JAMES A. HARRIS** **15, 2003**

CR2E037 (10/02)