

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

1996-1996 B 1274 C

DOCUMENT # **N49365 (2)**  
1. Corporation Name  
**MISSION UNITED, INC.**



Principal Place of Business Mailing Address  
**1801 INTERNATIONAL SPEEDWAY BLVD. DAYTONA BEACH FL 32114 US**      **1801 W. INTERNATIONAL SPEEDWAY BLVD. DAYTONA BEACH FL 32114 US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/10/1992</b>	3a. Date of Last Report <b>02/13/1995</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-3126788</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>CROTTY, WILLIAM G. 501 NORTH GRANDVIEW AVENUE DAYTONA BEACH FL 32118</b>				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	<b>FL</b>	B5

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when remaining) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAJOR, LINDA</b>	1.2 NAME	<b>Thompson, Linda</b>
STREET ADDRESS	<b>1801 W. INTERNATIONAL SPEEDWAY BLVD</b>	1.3 STREET ADDRESS	<b>same</b>
CITY-ST-ZIP	<b>DAYTONA BEACH FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CROTTY, GARY</b>	2.2 NAME	
STREET ADDRESS	<b>501 N GRANDVIEW AVENUE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DAYTONA BEACH FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BENDIX, JOE</b>	3.2 NAME	
STREET ADDRESS	<b>1899 U.S. 1 NORTH</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORMOND BEACH FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUSH, LESLIE</b>	4.2 NAME	
STREET ADDRESS	<b>2025 S. ATLANTIC AVENUE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DAYTONA BEACH FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LYDECKER, CHARLIE</b>	5.2 NAME	
STREET ADDRESS	<b>220 S. RIDGEWOOD AVENUE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DAYTONA BEACH FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SACKS, DAVID</b>	6.2 NAME	
STREET ADDRESS	<b>240 N. SEAGRAVE AVENUE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DAYTONA BEACH FL</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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]* **W.G. Crotty**      2/8/96 (904) 947-6715  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (12/95)