FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 2:35

DOCUMENT # N92000001020 (8)

1. Corporation Name
MALAWI PIONEER MISSION, INC.

Principal Place of Business	Mailing Address
390 US HIGHWAY 301 BLVD WEST #A16 BRADENTON FL 34205	390 US HIGHWAY 301 BLVD WEST #A16 BRADENTON FL 34205

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/28/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0383917 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

LEE, H G
2014 FOURTH STREET
SARASOTA FL 34237

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	REED, CHARLES F	1.2 NAME	Reed, Charles F.	
STREET ADDRESS	327 BAY STREET	1.3 STREET ADDRESS	390 Hwy 301 Blvd, W. #16A	
CITY-ST-ZIP	SARASOTA FL 34232	1.4 CITY-ST-ZIP	Bradenton, FL 34205	
TITLE	SD	2.1 TITLE	SD	☒ Change ☐ Addition
NAME	HAND, BARRETT	2.2 NAME	Chan, Thomas	
STREET ADDRESS	2506 WOOD OAK DRIVE	2.3 STREET ADDRESS	5111 Vassar Ln.	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	Sarasota, FL 34243	
TITLE	TD	3.1 TITLE		☐ Change ☐ Addition
NAME	ALCAZAREN, EUGENIO	3.2 NAME		
STREET ADDRESS	5572 FORESTER LAKE DRIVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34243	3.4 CITY-ST-ZIP		
TITLE	VD	4.1 TITLE		☐ Change ☐ Addition
NAME	MULLET, BILL	4.2 NAME		
STREET ADDRESS	931 TANGLED OAKS DRIVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	SARSOTA FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE	D	☐ Change ☒ Addition
NAME		5.2 NAME	Solari, Joann	
STREET ADDRESS		5.3 STREET ADDRESS	5855 Ravenwood	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Sarasota, FL 34243	
TITLE		6.1 TITLE	D	☐ Change ☒ Addition
NAME		6.2 NAME	Chan, Stephanie	
STREET ADDRESS		6.3 STREET ADDRESS	5111 Vassar Ln.	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Sarasota, FL 34243	

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: C Chas F Reed Charles F. Reed 6 Apr. 95 813-746-9280
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0042270