

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N92000001020 (8)

1. Corporation Name

MALAWI PIONEER MISSION, INC.



Principal Place of Business

**390 US HIGHWAY 301 BLVD WEST #A16
BRADENTON FL 34205**

Mailing Address

**390 US HIGHWAY 301 BLVD WEST #A16
BRADENTON FL 34205**

3. Date Incorporated or Qualified
12/28/1992

3a. Date of Last Report
04/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
65-0383917

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

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

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

23 Zip Country

28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEE, H G
2014 FOURTH STREET
SARASOTA FL 34237**

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **REED, CHARLES F.**
STREET ADDRESS **390 HWY 301 BLVD. W. 16A**
CITY-ST-ZIP **BRADENTON FL**

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS **345 Avon Rd. # E152**
1.4 CITY-ST-ZIP **Devon, PA 19333**

TITLE **SD** ☐ DELETE
NAME **CHAN, THOMAS**
STREET ADDRESS **5111 VASSAR LN.**
CITY-ST-ZIP **SARASOTA FL**

2.1 TITLE **TD** ☐ Change ☒ Addition
2.2 NAME **Baker, Greg**
2.3 STREET ADDRESS **5518 82nd Av. Dr. E.**
2.4 CITY-ST-ZIP **Palmetto, FL 34221**

TITLE **TD** ☒ DELETE
NAME **ALCAZAREN, EUGENIO**
STREET ADDRESS **5572 FORESTER LAKE DRIVE**
CITY-ST-ZIP **SARASOTA FL 34243**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **MULLET, BILL**
STREET ADDRESS **931 TANGLED OAKS DRIVE**
CITY-ST-ZIP **SARSOTA FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **SOIARI, JOANN**
STREET ADDRESS **5855 RAVENWOOD**
CITY-ST-ZIP **SARASOTA FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **CHAN, STEPHANIE**
STREET ADDRESS **5111 VASSAR LN.**
CITY-ST-ZIP **SARASOTA FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

Charles F. Reed **Charles F. Reed** **Feb. 9, 96** **746-9280** **(941)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)