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Apr 10 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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 34205-7911



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified  
12/28/1992

3a. Date of Last Report  
02/21/1996

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

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

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 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

TITLE D  
NAME REED, CHARLES F.  
STREET ADDRESS 345 AVON ROAD #E152  
CITY-ST-ZIP DEVON PA  
☐ DELETE  
*The data in this block is mixed up*

TITLE SD  
NAME CHAN, THOMAS  
STREET ADDRESS 6111 VASSAR LN.  
CITY-ST-ZIP SARASOTA FL  
☐ DELETE

TITLE TD  
NAME BAKER, GREG  
STREET ADDRESS 6518 82 AVENUE DRIVE EAST  
CITY-ST-ZIP PALMETTO FL  
☐ DELETE

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

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

TITLE D  
NAME CHAN, STEPHANIE  
STREET ADDRESS 6111 VASSAR LN.  
CITY-ST-ZIP SARASOTA FL  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
1.2 NAME Reed, Charles F.  
1.3 STREET ADDRESS 390 Hwy 301 Blvd. W. #16A  
1.4 CITY-ST-ZIP Bradenton, FL 34205  
☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
☐ Change ☐ Addition

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

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

5.1 TITLE D  
5.2 NAME Solari, Joann  
5.3 STREET ADDRESS 5855 Ravenwood  
5.4 CITY-ST-ZIP Sarasota FL  
☒ Change ☐ Addition  
*Spelling correction*

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

14. I do 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 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  
28 Feb 1997

CR2E037 (9/96)