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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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Feb 26 1997 8:00am

Secretary of State

Daytime Phone # 0069325

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

N94000001267 (3)

DBF MISSIONS, INC.

PALM HARBOR FL

CITY-ST-ZIP

SIGNATURE:

Principal Place of Business Mailing Address P O BOX 1468 455 SCOTLAND ST **DUNEDIN F 34697-1468** DUNEDIN FL 34698 3a. Date of Last Repo 06/10/1996 3. Date Incorporated or Qualified 03/10/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3285280 Not Applicable 21 26 Suite, Apt #, etc Suite, Apt. #, etc \$8.75 Additional X 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 Zip Country Zip Country This corporation has liability for intangible tax under s. 199.032, Florida Statutes
 Yes
 No 24 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CAMPBELL, GEORGE H Street Address (P.O. Box Number is Not Acceptable) 1550 LAKESIDE DRIVE 83 **DUNEDIN FL 34698** 84 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE $\mathbf{S}\mathbf{\Pi}$ Change A Addition 1.1 TITLE TITLE JOHN C. SMITH, JR. CAMPBELL, GEORGE H. 1.2 NAME NAME 306 PALMETTO LANE 1550 LAKESIDE DR 1.3 STREET ADORESS STREET ADDRESS LARGO, FL 34640 DUNEOIN FL 1.4 CITY-ST-ZIP CITY - S1 - ZIP DELETE XX Change Addition 2.1 TITLE TITLE JONES, DONALD S 2.2 NAME NAME 810 TERRACE RD 2.3 STREET ADDRESS STREET ADDRESS **DUNEDIN FL** CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE ___ Addition 3.1 TITLE TITLE STD MCCUTCHEON, MARK K 3.2 NAME NAME 234 LYNDHURST ST 3.3 STREET ADDRESS STREET ADDRESS DUNEDIN FL 3.4. CITY-ST-ZIP CITY-ST-ZIP **₩**Addition **K.X**DELETE TD Change 4.1 TITLE TITLE DENNIS A. TUCK DAVID, L. DOUGLAS NAME 4 2 NAME 2830 DEER HOUND WAY 559 CHICAGO AVE STREET ADDRESS 4.3 STREET ADDRESS PALM HARBOR, FL 34683 DUNEDIN FL 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE Change TITLE 5.1 TITLE **GUNN, WENDELL** 5.2 NAME NAME 2351 MANGRUM DRIVE 5.3 STREET ADDRESS STREET ADDRESS **DUNEDIN FL** 5.4 CiTY-ST-ZiP CITY-ST-ZIP ☐ Addition ■ DELETE 6.1 TITLE \mathtt{VD} X X Change TITLE SCHAFFER, DONALD R 6.2 NAME NAME 250 C HIDDEN BROOK DR **6.3 STREET ADDRESS** STREET ADDRESS

6.4 CITY-ST-ZIP

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 changer, or or an altachment with an address.

SIGNATURE:

Dennis A. Tuck | Director | Treasurer FEB 14, 1947 813 736 -3964