2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90757 017 ****61.25

DOCUMENT # N94000001267

1. Entity Name
DBF MISSIONS, INC.

Principal Place of Business	Mailing Address
455 SCOTLAND ST DUNEDIN, FL 34698 US	~~P O BOX 1468~~ ~~DUNEDIN, F 34697-1468~~ US

04022004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	455 SCOTLAND ST. Suite, Apt. #, etc.
City & State	City & State: Dunedin, FL
Zip / Country	Zip: 34698 / Country: USA

4. FEI Number: 59-3285280 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CAMPBELL, GEORGE H
1854 MURRAY AVENUE
CLEARWATER, FL 33755-2308

7. Name and Address of New Registered Agent

Name: Margaret R. Rowe
Street Address (P.O. Box Number is Not Acceptable): 455 Scotland St.
City: Dunedin **FL** Zip Code: 34698

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Margaret Rowe 4/26/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LABARE, RAYMOND L 2521 BRIARWOOD CT CLEARWATER, FL 33761	☑ Delete	TITLE SD NAME STREET ADDRESS CITY-ST-ZIP	STONE, PAUL 2087 Edgewater Dr. No C Clearwater, FL. 33755	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD STONE, PAUL 2087 EDGEWATER DRIVE NO . C CLEARWATER, FL 337551033	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEUART, NEWCOMB 1434 Hagen Ave. Dunedin, FL 34698	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SD~~. TD ROWE, MARGARET R 2336 SPICEWOOD CT DUNEDIN, FL 34698	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Rowe, Margaret R 2336 Spicewood Ct Dunedin FL 34698	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CAMPBELL, GEORGE H 1854 MURRAY AVE CLEARWATER, FL 337552308	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Carolyn Kistner 462-2 Lakeview Dr. Palm Harbor, FL. 34683	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOULD, JOSEPH C 6 BIRDIE LANE PALM HARBOR, FL 34683	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Doyle, Frances 1875 Barcelona, Dr. Dunedin, FL 34698	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ VD. STEUART, NEWCOMB H 1434 HAGEN AVE DUNEDIN, FL 34698	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Margaret Rowe 4/26/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #