2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001267

Entity Name: DBF MISSIONS, INC.

FILED Mar 23, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 455 SCOTLAND ST DUNEDIN, FL 34698 US **Current Mailing Address: New Mailing Address:** 455 SCOTLAND ST DUNEDIN, FL 34698 US FEI Number: 59-3285280 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROWE, MARGARET R 455 SCOTLAND ST. DUNEDIN, FL 34698 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition STONE, PAUL SMITH, JOHN Name: Name: 2087 EDGEWATER DR., NO. C Address: 306 PALMETTO LANE Address: City-St-Zip: CLEARWATER, FL 33755 City-St-Zip: CLEARWATER, FL 33755 Title: VD Title: (X) Change () Addition () Delete KREBS, LOIS Name: KYNES, DEBORAH Name: Address: 2751 REGENCY OAKS BLVD APT R211 Address: 265 EDGEWATER DRIVE City-St-Zip: CLEARWATER, FL 33759 City-St-Zip: DUNEDIN, FL 33759 Title: () Delete Title: () Change () Addition ROWE, MARGARET R Name: Name: 2336 SPICEWOOD CT Address: Address: City-St-Zip: DUNEDIN, FL 34698 City-St-Zip: Title: PD () Delete Title: () Change () Addition Name: AGNEW, WELCH Name: 1240 WEYBRIDGE LANE Address: Address: City-St-Zip: DUNEDIN, FL 34698 City-St-Zip: Title: () Delete Title: () Change () Addition BOYNTON, SYLVIA Name: Name: 1429 STURBRIDGE COURT Address: Address: City-St-Zip: DUNEDIN, FL 34698 City-St-Zip: Title: () Delete Title: (X) Change () Addition DOYLE, FRANCES DOYLE, FRANCES Name: Name: Address: 1875 BARCELONA DR Address: 1875 BARCELONA DR DUNEDIN, FL 34698 DUNEDIN, FL 34698 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGARET R. ROWE MS 03/23/2009