FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -3 PM 1:33

DOCUMENT # **N94000003551 (8)**

1. Corporation Name
MISSION GLOBAL MINISTRIES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 9400 PANAMA CITY BEACH FL 32417-9400	P.O. BOX 9400 PANAMA CITY BEACH FL 32417-9400

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/15/1994
3a. Date of Last Report: N/A
4. FEI Number: 59-3240511 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

SCHIEFER, ROBERT
2433 PRETTY BAYOU ISLAND DR.
PANAMA CITY FL 32405

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	ALDRED, BILLY J	1.2 NAME	
STREET ADDRESS	2110 PEBBLE BEACH PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32408	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	ALDRED, DIANE I	2.2 NAME	
STREET ADDRESS	2110 PEBBLE BEACH PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32408	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	RICE, GEORGE III	3.2 NAME	
STREET ADDRESS	6215 HIBISCUS AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	SCHIEFER, ROBERT	4.2 NAME	
STREET ADDRESS	2433 PRETTY BAYOU ISLAND DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32405	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	BAILEY, DAVID	5.2 NAME	
STREET ADDRESS	312 HIBISCUS AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: Billy Aldred PRESIDENT 1-24-95 (904)233 4957
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0028720