

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

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PANAMA CITY BEACH FL 32417-9400

3. Date Incorporated or Qualified 07/15/1994	3a. Date of Last Report 02/03/1995
4. FEI Number 59-3240510	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 RT. 6 BOX 48-S
22 City & State	27 Suite, Apt. #, etc.
23 Zip	28 GALAX VIRGINIA
24 Country	29 Zip
25	30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALDRED, BILLY J	1.2 NAME	ALDRED, BILLY J.
STREET ADDRESS	2110 PEBBLE BEACH PLACE	1.3 STREET ADDRESS	RT 6 BOX 48-S
CITY-ST-ZIP	PANAMA CITY FL 32408	1.4 CITY-ST-ZIP	GALAX VIRGINIA 24333
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALDRED, DIANE I	2.2 NAME	ALDRED, DIANE I
STREET ADDRESS	2110 PEBBLE BEACH PLACE	2.3 STREET ADDRESS	RT 6 BOX 48-S
CITY-ST-ZIP	PANAMA CITY FL 32408	2.4 CITY-ST-ZIP	GALAX VIRGINIA
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICE, GEORGE III	3.2 NAME	STALEY A. ALDRED
STREET ADDRESS	6215 HIBISCUS AVE.	3.3 STREET ADDRESS	RT 6 BOX 48-S
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408	3.4 CITY-ST-ZIP	GALAX VIRGINIA
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)