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Mar 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000005218 (2)**

1. Corporation Name

MISSIONS, INC.

Principal Place of Business

Mailing Address

**7 E. LAS PALMAS WAY
KISSIMMEE FL 34743**

**PO BOX 422715
KISSIMMEE FL 34742-2715**



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

3. Date Incorporated or Qualified

10/21/1994

4. FEI Number

59-3277752

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KEENE, LOIS M
7 E. LAS PALMAS WAY
KISSIMMEE FL 34743**

81 Name **DEAN K. TURMAN**
82 Street Address (P.O. Box Number is Not Acceptable)
12598 KIRBY SMITH RD.
83
84 City **ORLANDO** FL 85 Zip Code **32821**

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

DEAN K. TURMAN

2/28/98

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	P	1.1 TITLE	D
NAME	KEENE, LOIS M	1.2 NAME	DEAN K. TURMAN
STREET ADDRESS	7 E. LAS PALMAS WAY	1.3 STREET ADDRESS	12598 KIRBY SMITH RD.
CITY-ST-ZIP	KISSIMMEE FL 34743	1.4 CITY-ST-ZIP	ORLANDO, FLA. 32821
TITLE	D	2.1 TITLE	
NAME	PAPPAS, NICK	2.2 NAME	
STREET ADDRESS	503 N. CAUSEWAY #708	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA FL 32169	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	CHASE, PAUL	3.2 NAME	
STREET ADDRESS	92 ANGELES ST ALABANG HILLS VILLAGE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PHILIPPINES	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	CHASE, SHODDY	4.2 NAME	
STREET ADDRESS	92 ANGELES ST ALABANG HILLS VILLAGE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PHILIPPINES	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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

LOIS M KEENE 2/28/98 401-348-3882

CR2E037 (10/97)