

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 # N95000003099 (7)

1. Corporation Name

MISSIONARY ACTION, INC.



Principal Place of Business

6820 N ORLEANS AVE
TAMPA FL 33604

Mailing Address

6820 N ORLEANS AVE
TAMPA FL 33604

3. Date Incorporated or Qualified
06/28/1995

3a. Date of Last Report

first report

2. Principal Place of Business

21 **6820 N. Orleans Ave.**

2a. Mailing Address

26 **6820 N. Orleans Ave.**

4. FEI Number

59-3329016

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

23 City & State

Tampa, Florida

28 City & State

Tampa, Florida

6. Election Campaign Financing Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

24 Zip

33604

Country

Hillsborough

29 Zip

33604

Country

Hillsborough

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**AVILES, ELSA
6820 N ORLEANS AVE
TAMPA FL 33604**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

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

TITLE ☐ DELETE
NAME **Elsa Aviles - P-D**
STREET ADDRESS **6820 N. Orleans Ave.**
CITY-ST-ZIP **Tampa, FL 33604**

TITLE ☐ DELETE
NAME **Rafael Aviles - T-D**
STREET ADDRESS **10020 Riverview Dr.**
CITY-ST-ZIP **Riverview, FL 33569**

TITLE ☐ DELETE
NAME **Juanita Aviles - S-D**
STREET ADDRESS **6820 N. Orleans Ave**
CITY-ST-ZIP **Tampa, FL 33604**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

**800001754909
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***\$61.25**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

**M.M.
3-21-96**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

Elsa Aviles
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 5, 96 (813) 931-9415
Date Daytime Phone

CR2E037 (12/95)