

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N95000003400 (7)

1. Corporation Name

FAR AND AWAY MISSIONS, INC.

Principal Place of Business

Mailing Address

111 SE 9TH CT
POMPANO BCH FL 33060
US

7809 US 12
FLORENCE KY 41042
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/18/1995 3a. Date of Last Report 02/14/1996

4. FEI Number 65-0617568 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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business 21 651 Pine Rd.

2a. Mailing Address 26 2841 Brian Dr.

Suite, Apt. #, etc. 22 Apt 103.

Suite, Apt. #, etc. 27

City & State 23 Pompano Beach Fla

City & State 28 Union Ky

Zip 24 33060 Country 25 USA

Zip 29 41091 Country 30 USA

9. Name and Address of Current Registered Agent

KELLY, TOM
111 SE 9TH CT
POMPANO BCH FL 33060

10. Name and Address of New Registered Agent

81 Name Tom Kelly
82 Street Address (P.O. Box Number is Not Acceptable) 651 Pine Rd.
83 Apt 103.
84 City Pompano Beach FL 85 Zip Code 33061

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	KELLY, W. THOMAS	111 SE 9TH CT.	POMPANO BEACH FL 33060	<input type="checkbox"/>
D	BARKER, MASON	228 PIKE ST.	COVINGTON KY 41011	<input checked="" type="checkbox"/>
D	CROOK, TROY W	111 SE 9TH CT.	POMPANO BEACH FL 33060	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
Pres.	Tom Kelly	651 Pine Rd.	Pompano Beach Fla 33061	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Brian Kelly	7809 US 12	Florence, Ky 41042	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Troy Crook	2841 Brian Dr.	Union Ky 41091	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Linda Kelly	2841 Brian Dr.	Union Ky 41091	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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.

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