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Mar 10, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000003400

1. Corporation Name
FAR AND AWAY MISSIONS, INC.

Principal Place of Business
111 SE 9TH CT
POMPANO BEACH FL 33060
US

Mailing Address
2841 BRIAN DR.
UNION KY 41091
US

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 30

9. Name and Address of Current Registered Agent
KELLY, TOM
651 PINE DR.
APT. 103
POMPANO BCH FL 33060

81 Name
82 Street Address
83 City
84

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation is a registered agent, or both, in the State of Florida. Such change was authorized by the corporation and 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)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
KELLY, W. THOMAS
651 PINE DR., APT. 103
POMPANO BEACH FL 33060

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
KELLY, BRIAN
7809 US 42
FLORENCE KY 41042

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
CROOK, TROY
2860 BRIAN DR.
UNION KY 41091

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
KELLY, LINDA
2841 BRIAN DR.
UNION KY 41091

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 for on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/99 608
Date Daytime Phone # 371-6300

CR2E037 (11/98)