FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9500003400

1. Corporation Name

FAR AND AWAY MISSIONS, INC.

Princ	cipa	l Pla	ce of	Business	ì
111	SE	9TH	CT		

Mailing Address

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90180 004 ****61.25

Principal Flace of business		Waking Address			*****
111 SE 9TH CT		2841 BRIAN DR.			
POMPANO BEACH FL 33060		UNION KY 41091		<u> </u>	
US		US		t immitter ann tarat desti annte natit ante	Effet daries fills gittl gallt fant seas
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualifed	
21		26		07/18/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		65-0617568	Not Applicable
City & State		City & State			\$8.75 Additional
<u></u>		28		5. Certifcate of Status Desired	Fee Required
23	Country	Zip	Country	6 Flastice Communica Financias	
Zip	Country			6. Election Campaign Financing	\$5.00 May Be Added to Fees
24	25		30	Trust Fund Contribution	
	9. Name and Address of Currer	nt Registered Agent	81 Name	10. Name and Address of New Regist	ered Agent
			81 Name	o cranct	
KELLY, TO	OM		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
651 PINE			July Subor Addi	(in the second of the second of	
1	D11.		83()	O ^	
APT. 103	0 0011 Ft 00000		1 to M	DANO BEACH	
POMPANI	O BCH FL 33060		84 City	4	FL 85 Zip Code 3.3060
					FF 123660
11 Pursuant	to the provisions of Sections 617.050)2 and 617.1508, Florida Statute	s, the above-named corp	oration submits this statement for the purpo on's board of directors. I hereby accept the	appointment as registered
office of r	egistered agent, or both, in the State m familiar with, and accept the obliga	ations of, Section 617.0503, Flori	da Statutes.	on's board of directors. Thereby docept and	appointment as regional as
_	,	•			1
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE:	Registered Agent signature require	d when reinstating) DA	NTE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1,1 TITLE		☐ Change ☐ Addition
[KELLY, W. THOMAS	_	1.2 NAME		
NAME					
STREET ADDRESS 651 PINE DR., APT. 103			1.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33060		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELET€	2.1 TITLE		☐ Change ☐ Addition
NAME	KELLY, BRIAN		2.2 NAME		. ,
STREET ADDRESS	7000 110 40		2.3 STREET ADDRESS		
	FLORENCE KY 41042		2. 4 CITY-ST-ZIP		
CITY-ST-ZIP		☐ DELETE	3.1 TITLE	graphasista	Change Addition
TITLE	D D				
NAME	CROOK, TROY		3.2 NAME		
STREET ADDRESS	2860 BRIAN DR.		3.3 STREET ADDRESS	* * · · · · · · · · · · · · · · · · · ·	}
CITY-ST-ZIP	UNION KY 41091		3.4. CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KELLY, LINDA		4. 2 NAME		ľ
STREET ADDRESS	2841 BRIAN DR.		4.3 STREET ADDRESS	**	
1	UNION KY 41091			(Strange May	
CITY-ST-ZIP	ORION KI TIUSI	☐ DELETE	4.4 CITY-ST-ZIP		Change Addition
TITLE			5.1 TITLE	•	
NAME			5.2 NAME		ļ
STREET ADDRESS			5.3 STREET ADDRESS		ļ
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
[6.2 NAME		· ·
NAME			6.3 STREET ADORESS		, l
STREET ADDRESS					ļ
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, with all other like empowered.