


FILE NOW: FILING FEE IS \$61.25

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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mooreham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000005411 (2) 1. Corporation Name MISSION POSSIBLE MINISTRIES INC.					
Principal Place of Business P O BOX 10698 NAPLES FL 33941-0698		Mailing Address P O BOX 10698 NAPLES FL 33941-0698			
2. Principal Place of Business 21 Home Suite, Apt. #, etc.		2a. Mailing Address 26 Same as above Suite, Apt. #, etc.		3. Date Incorporated or Qualified 11/14/1995	
23 Naples FL City & State		27 NAPLES, FL City & State		4. FEI Number 65-0640416 Applied For Not Applicable	
24 34101 Zip		25 USA Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29 34101 Zip		30 U.S.A. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent MUNOZ, MAGDA 6310-24TH AVE. SW NAPLES FL 33999				7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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 MAGDA MUNOZ Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating)				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
12. OFFICERS AND DIRECTORS				10. Name and Address of New Registered Agent	
1.1 TITLE PD 1.2 NAME MUNOZ, RICHARD 1.3 STREET ADDRESS 6310 24TH AVENUE S.W. 1.4 CITY-ST-ZIP NAPLES FL 34116				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
2.1 TITLE SD 2.2 NAME MUNOZ, MAGDA 2.3 STREET ADDRESS 6310 24TH AVENUE S.W. 2.4 CITY-ST-ZIP NAPLES FL 34116				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	
3.1 TITLE VD 3.2 NAME PARDO, TOMAS 3.3 STREET ADDRESS 5398 CAROLINA PARKWAY 3.4 CITY-ST-ZIP NAPLES FL 34113				2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP				3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP				4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP				5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
7.1 TITLE 7.2 NAME 7.3 STREET ADDRESS 7.4 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, or on an attachment with an address.					
SIGNATURE: Richard Munoz 1-10-98 941-353-7087					

CR2E037 (10/97)