

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005411

1. Entity Name

MISSION POSSIBLE MINISTRIES INC. ✓

Principal Place of Business

P O BOX 10698
NAPLES FL 34101
US

Mailing Address

P O BOX 10698
NAPLES FL 34101
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0640416

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MUNOZ, MAGDA
6310-24TH AVE. SW
NAPLES FL 33999

new
address →

7. Name and Address of New Registered Agent

Name

Munoz, Magda

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

4143 Kathy Ave

City

Naples

FL

Zip Code

34104

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Magda Munoz

Signature, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent signature required when reinstating)

7/12/00

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MUNOZ, RICHARD
STREET ADDRESS 6310 24TH AVENUE S.W.
CITY-ST-ZIP NAPLES FL 34116 ☐ Delete
→ new address

TITLE SD
NAME MUNOZ, MAGDA
STREET ADDRESS 6310 24TH AVENUE S.W.
CITY-ST-ZIP NAPLES FL 34116 ☐ Delete
→ new address

TITLE T
NAME SOSA, EUEZER
STREET ADDRESS 4605 DOMINION DR
CITY-ST-ZIP NAPLES FL 34112 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 4143 Kathy Ave
CITY-ST-ZIP Naples FL 34104

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 4143 Kathy Ave
CITY-ST-ZIP Naples FL 34104

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Magda Munoz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/00

Date

941-263-0180

Daytime Phone #

CR2E037 (5/00)