

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N95000005411

FILED
May 01, 2003
Secretary of State

Entity Name: MISSION POSSIBLE MINISTRIES INC.

Current Principal Place of Business:

2132 SHADOWLAWN DRIVE
NAPLES, FL 34112 US

New Principal Place of Business:

PO BOX 990130
NAPLES, FL 34116 US

Current Mailing Address:

2132 SHADOWLAWN DRIVE
NAPLES, FL 34112 US

New Mailing Address:

PO BOX 990130
NAPLES, FL 34116 US

FEI Number: 65-0640461

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUNOZ, RICHARD
2132 SHADOWLAWN DRIVE
NAPLES, FL 34112 US

Name and Address of New Registered Agent:

MUNOZ, RICHARD
4143 KATHY AVE
NAPLES, FL 34104 US

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: RICHARD MUNOZ

05/01/2003

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MUNOZ, RICHARD
Address: 2132 SHADOWLAWN DRIVE
City-St-Zip: NAPLES, FL 34112

Title: TD () Delete
Name: CARRASCO, SARA
Address: 2132 SHADOWLAWN DRIVE
City-St-Zip: NAPLES, FL 34112

Title: SD () Delete
Name: MUNOZ, MAGDA
Address: 2132 SHADOWLAWN DRIVE
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MUNOZ, RICHARD
Address: PO BOX 990130
City-St-Zip: NAPLES, FL 34116

Title: TD (X) Change () Addition
Name: CARRASCO, SARA
Address: PO BOX 990130
City-St-Zip: NAPLES, FL 34116

Title: SD (X) Change () Addition
Name: MUNOZ, MAGDA
Address: PO BOX 990130
City-St-Zip: NAPLES, FL 34116

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD MUNOZ

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05/01/2003

Electronic Signature of Signing Officer or Director

Date