

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001152

FILED  
Jul 08, 2005  
Secretary of State

**Entity Name:** MISSION TEAMS INTERNATIONAL, INCORPORATED

**Current Principal Place of Business:**

1557 HIGHCREST CIRCLE  
VALRICO, FL 33594

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1021  
ROCKY MOUNT, VA 24151

**New Mailing Address:**

**FEI Number:** 59-3370955      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

PRUITT, BOBBY REV.  
1557 HIGHCREST CIRCLE  
VALRICO, FL 33594 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: PRUITT, BOBBY D  
Address: 5949 OLD FURGE RD  
City-St-Zip: ROCKY MOUNT, VA 24151

Title: D ( ) Delete  
Name: PRUITT, BJ  
Address: 1557 HIGHCREST CIRCLE  
City-St-Zip: VALRICO, FL

Title: D ( ) Delete  
Name: HILTON, RICHARD  
Address: 178 PICKENS BRIDGE RD  
City-St-Zip: JOHNSON CITY, TN 37615

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: PRUITT, BOBBY D  
Address: P.O. BOX 1021  
City-St-Zip: ROCKY MOUNT, VA 24151

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: O (X) Change ( ) Addition  
Name: PEAKS, TONY  
Address: 16 KINGS FORK ROAD  
City-St-Zip: SUFFOLK, VA 23434

Title: O ( ) Change (X) Addition  
Name: KIEFER, WILLIAM  
Address: 70 S. CHENANGO STREET  
City-St-Zip: GREENE, NY 13778

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: BOBBY PRUITT

DIR

07/08/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date