

FILED
Jul 11, 2003 8:00 am
Secretary of State

07-11-2003 90051 044 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N96000001152					
1. Entity Name MISSION TEAMS INTERNATIONAL, INCORPORATED					
Principal Place of Business 1557 HIGHCREST CIRCLE VALRICO, FL 33594		Mailing Address P O BOX 1021 ROCKY MOUNT, VA 24151			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3370955	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PRUITT, BOBBY REV. 1667 HIGHCREST CIRCLE VALRICO, FL 33594				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when registering) DATE _____					
FILE NOW FEE IS \$81.25		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
				Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	PRUITT, BOBBY D		NAME		
STREET ADDRESS	6949 OLD FURGE RD		STREET ADDRESS		
CITY-ST-ZIP	ROCKY MOUNT, VA 24151		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	PRUITT, BJ		NAME		
STREET ADDRESS	1657 HIGHCREST CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	VALRICO, FL		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	HILTON, RICHARD		NAME		
STREET ADDRESS	178 PICKENS BRIDGE RD		STREET ADDRESS		
CITY-ST-ZIP	JOHNSON CITY, TN 37615		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(f), 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: <i>Bobby Pruitt</i>		7-8-03		813-220-4993	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

CR2EC37 (10/02)