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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000002038 (5)

1. Corporation Name

VIRTUE MISSIONS INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

P.O. BOX 060681
MIAMI FL 33296

P.O. BOX 060681
MIAMI FL 33296-0681

3. Date Incorporated or Qualified
04/16/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRENDERGAST, DELROY A
14751 S.W. 170TH TERRACE
MIAMI FL 33187

81 Name

Allette J. Bell

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

7401 SW 152 Avenue

83

Apt #203

84 City

Miami

FL

85 Zip Code
33193

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 Allette J. Bell

4-28-97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME HART, MAZEL A
STREET ADDRESS 14751 S.W. 170TH TERRACE
CITY-ST-ZIP MIAMI FL 33187

TITLE D ☒ DELETE

NAME PRENDERGAST, DELROY A
STREET ADDRESS 14751 S.W. 170TH TERRACE
CITY-ST-ZIP MIAMI FL 33187

TITLE D ☐ DELETE

NAME BELL, ALLETTE J
STREET ADDRESS 14751 S.W. 170TH TERRACE
CITY-ST-ZIP MIAMI FL 33187

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Director
Keith Eubanks
27 NE 115 street
Miami Shores, FL 3316

14. I do 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.

CR2E037 (9/96)