

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am --
Secretary of State

05-01-2006 90316 027 ****75.00

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1. Entity Name

MISSIONS OF GOD, INC.



Principal Place of Business

19711 SW 117 CT
MIAMI FL 33177
US

Mailing Address

19711 SW 117 CT
MIAMI FL 33177
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FERGUSON, ALVA
19711 SW 117 CT
MIAMI FL 33177

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

TITLE P ☐ Delete
NAME FERGUSON, ALVA
STREET ADDRESS 19711 SW 117 CT
CITY-ST-ZIP MIAMI FL 33177

TITLE V ☐ Delete
NAME FERGUSON, WELLINGTON
STREET ADDRESS 19711 SW 117 CT
CITY-ST-ZIP MIAMI FL 33177

TITLE APSR ☐ Delete
NAME SPENCE, GLORIA
STREET ADDRESS 2351 NW 92ND ST
CITY-ST-ZIP MIAMI FL 33147

TITLE S ☐ Delete
NAME FERGUSON, SHERELLE
STREET ADDRESS 19711 SW 117 CT
CITY-ST-ZIP MIAMI FL 33177

TITLE D ☐ Delete
NAME DAVIS, CHARMAINE
STREET ADDRESS 2351 NW 92ND ST
CITY-ST-ZIP MIAMI FL

TITLE D ☐ Delete
NAME LANDREA, MABLE
STREET ADDRESS 19711 SW 117 CT
CITY-ST-ZIP MIAMI FL 33177

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
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NAME
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 exemptions contained in Section 119, 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: *Alva Spencer* ALVA FERGUSON

4-20-06