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**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90028 044 \*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N97000003187**

1. Corporation Name

**ON A MISSION, INC.**

Principal Place of Business

1240 STRATTON CT. W.  
LAKELAND FL 33813

Mailing Address

1240 STRATTON CT. W.  
LAKELAND FL 33813

100386-90028-44



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

**05/30/1997**

4. FEI Number

**59-3450054**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**CHRITTON, CHARLES P**  
**5300 S. FLA. AVE.**  
**LAKELAND FL 33813**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **BRONSON, DOUGLAS**  
STREET ADDRESS **1240 STRATTON CT. W.**  
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE **D** ☐ DELETE  
NAME **STRAWBRIDGE, VINCE F SR**  
STREET ADDRESS **5203 SORRENTO**  
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE **D** ☐ DELETE  
NAME **BUCKMAN, WINFIELD**  
STREET ADDRESS **1315 FOREST PARK**  
CITY-ST-ZIP **LAKELAND FL 33802**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D, Pres.** **Bronson, C. Douglas** ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS **1240 Stratton Crt W**  
1.4 CITY-ST-ZIP **Lakeland, Fla 33813**

2.1 TITLE **Treas.** **Taylor, Sheri L.** ☐ Change ☒ Addition  
2.2 NAME  
2.3 STREET ADDRESS **446 Market Square E.**  
2.4 CITY-ST-ZIP **Lakeland, Fla 33813**

3.1 TITLE **D** **Susan Hames, Susan** ☐ Change ☒ Addition  
3.2 NAME  
3.3 STREET ADDRESS **914 Success Ave S.**  
3.4 CITY-ST-ZIP **Lakeland, Fla 33801**

4.1 TITLE **D, Sec.** **Lee, C. William** ☐ Change ☒ Addition  
4.2 NAME  
4.3 STREET ADDRESS **3424 Crestwood Street**  
4.4 CITY-ST-ZIP **Lakeland, Fla 33813**

5.1 TITLE **D** **Lee, meerehl** ☐ Change ☒ Addition  
5.2 NAME  
5.3 STREET ADDRESS **3424 Crestwood Street**  
5.4 CITY-ST-ZIP **Lakeland, Fla 33813**

6.1 TITLE **D** **Edwards, Rev. Cecil** ☐ Change ☒ Addition  
6.2 NAME  
6.3 STREET ADDRESS **407 Market Square E.**  
6.4 CITY-ST-ZIP **Lakeland, Fla 33813**

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/4/98** **741-644-4406**  
Date Daytime Phone #

CR2E037 (11/98)