

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N97000003187**

1. Entity Name

**ON A MISSION, INC.****FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90008 049 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**1240 STRATTON CT. W.  
LAKELAND FL 33813****1240 STRATTON CT. W.  
LAKELAND FL 33813-2348**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3450054**

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

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

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.

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**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees****Make Check Payable to  
Department of State**

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input checked="" type="checkbox"/>	BRONSON, DOUGLAS	1240 STRATTON CT. W.	LAKELAND FL 33813	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Trustee & President			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	STRAWBRIDGE, VINCE F SR	5203 SORRENTO	LAKELAND FL 33813	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Trustee			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	BUCKMAN, WINFIELD	1315 FOREST PARK	LAKELAND FL 33802	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Trustee			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	TAYLOR, SHERI L	446 MARKET SQUARE E	LAKELAND FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Treasurer			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	HAMES, SUSAN	914 SUCCESS AVE	LAKELAND FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Member			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	LEE, WILLIAM	3424 CRESTWOOD ST	LAKELAND FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Member			<input checked="" type="checkbox"/>	<input type="checkbox"/>

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/16/2000 863-644-4406**

CR2E037 (9/99)