

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90031 034 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # N97000003187

1. Entity Name
ON A MISSION, INC.

Principal Place of Business Mailing Address
1240 STRATTON CT. W. **1240 STRATTON CT. W.**
LAKELAND FL 33813 **LAKELAND FL 33813**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & 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

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

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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)(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]* **863-646-6552**
863-644-2709

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)