


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2004 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| DOCUMENT # N97000003187<br>1. Entity Name<br>ON A MISSION, INC. |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br>1240 STRATTON CT. W.<br>LAKELAND, FL 33813 | Mailing Address<br>1240 STRATTON CT. W.<br>LAKELAND, FL 33813 |
|---|---|



01142004 No Chg-NP CR2E037 (10/03)

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|  |                               |
|--|-------------------------------|
| 4. FBI Number<br>59-3450054  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                               |

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br>CHRITTON, CHARLES P<br>5300 S. FLA. AVE.<br>LAKELAND, FL 33813 |
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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 \_\_\_\_\_

|   |  |
|---|--|
| Filing Fee is \$61.25<br>Due by May 1, 2004 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be<br>Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PC<br>BRONSON, DOUGLAS<br>1240 STRATTON CT. W.<br>LAKELAND, FL 33813 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>STRAWBRIDGE, VINCE F SR<br>5203 SORRENTO<br>LAKELAND, FL 33813  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>TAYLOR, SHERI L<br>446 MARKET SQUARE E<br>LAKELAND, FL          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>EDWARDS, JIMMY<br>4010 SUGAR CREEK LANE<br>LAKELAND, FL 33811   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

000000000045  
01/20/04-80047-012 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Charles P. Critton, President 1-14-04 863(644-446)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #