FILED
Apr 09, 2004 08:00 AM
Secretary of State

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000006295

1. Entity Name
FRIENDS OF THE MISSIONS, INC.

Principal Place of Business	Mailing Address
400 N FLAGLER APT. 502 WEST PALM BEACH, FL 33401	400 N. FLAGLER APT 502 WEST PALM BEACH, FL 33401

04072004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3484007
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHROEDER, MONICA R
400 NORTH FLAGLER BLVD.
APT. 502
WEST PALM BEACH, FL 33401

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, required for changed or reinstated registration
Typed or printed name of registered agent and title if applicable
(NOTE: Registered Agent signature required when changed)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SCHROEDER, JACOB M
STREET ADDRESS	204 SOMERSET CT
CITY-ST-ZIP	SAINT AUGUSTINE, FL 320841362
TITLE	SD
NAME	SCHROEDER, MONICA R
STREET ADDRESS	400 NORTH FLAGLER APT 502
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	D
NAME	LUKOMSKI, DOLORES E
STREET ADDRESS	5300 SO. ATLANTIC AVE BLDG 1, UNIT 402
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169
TITLE	D
NAME	MCGOLDRICK, PETER
STREET ADDRESS	15 BOULDER LN
CITY-ST-ZIP	SOUTH ORLEANS, MA 02662
TITLE	D
NAME	LUSSOW, JOHN
STREET ADDRESS	4509 RUGER AVE
CITY-ST-ZIP	JANESVILLE, WN 53546
TITLE	D
NAME	BISSONNETTE, STEPHEN
STREET ADDRESS	802 CLAYTON AVE. SOUTH
CITY-ST-ZIP	LAKELAND, FL 33801

UU0000107728
04/09/04-80026-019 61.25

DO NOT WRITE IN THIS SPACE

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: Jacob Schroeder President 4/7/04 904-829-6924
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #