

FILE NOW: FILING FEE IS \$61.25

FILED
May 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000006299 (8)**

1. Corporation Name

EXTREME MOUNTAIN MISSIONS, INC.



Principal Place of Business 105 SPRING LAKE HILLS DR. ALTAMONTE SPRINGS FL 32714	Mailing Address EDWARD M. LIVINGSTON, ESQ. P.O. BOX 1599 WINTER PARK FL 32790
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3. Date Incorporated or Qualified 11/07/1997	
4. FEI Number 59-3477174	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent LIVINGSTON, EDWARD M 628 ELLEN DRIVE WINTER PARK FL 32790	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE XXXX	<input type="checkbox"/> DELETE
NAME BOWER, JAMES B	
STREET ADDRESS 105 SPRING LAKE HILLS DR.	
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714	
TITLE XXXX	<input type="checkbox"/> DELETE
NAME BROWN, DONALD B	
STREET ADDRESS 611 PONTE VEDRA LAKES BLVD. APT. 3203	
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082	
TITLE XXXX	<input checked="" type="checkbox"/> DELETE
NAME HARRIS, BRYAN S	
STREET ADDRESS 684 LAKE ASHLEY CIRCLE	
CITY-ST-ZIP W. MELBOURNE FL 32904	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE Tr/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Bower, James B.	
1.3 STREET ADDRESS 105 Spring Lake Hills Dr.	
1.4 CITY-ST-ZIP Altamonte Springs, FL 32714	
2.1 TITLE Tr/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Brown, Donald B.	
2.3 STREET ADDRESS 611 Ponte Vedra Lakes Blvd., Apt. 3203	
2.4 CITY-ST-ZIP Ponte Vedra Beach, FL 32082	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE Tr	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME Verkaik, Robert	
4.3 STREET ADDRESS 1847 Lake Terr. Dr.	
4.4 CITY-ST-ZIP Eustis, FL 32726	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE:  **James Bower** President/CEO 4/15/98 (407) 862-3001

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