
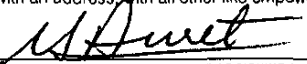


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90199 008 \*\*\*\*75.00

<b>DOCUMENT # N98000001348</b> 1. Entity Name <b>MISSIONARY OF CHRIST, INC.</b>			
Principal Place of Business <b>711 SW 12 COURT DEERFIELD BEACH, FL 33441</b>		Mailing Address <b>711 SW 12TH COURT DEERFIELD BEACH, FL 33441</b>	
2. Principal Place of Business <b>711 SW 12 COURT Suite, Apt. #, etc. FLA</b>		3. Mailing Address <b>711 SW 12 COURT Suite, Apt. #, etc. DEERFIELD BEACH City &amp; State FLA</b>	
City & State <b>DEERFIELD BEACH</b> Zip <b>33441</b>		City & State <b>FLA</b> Zip <b>33441</b>	
Country <b>BRD FL</b>		Country <b>BRD</b>	
4. FEI Number <b>65-0841533</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>DOSTALY, WILNER 545 NW 48 AVENUE DEERFIELD BEACH, FL 33442</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
<b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>DOSTALY, WILNER</b> <b>545 NW 48TH AVE</b> <b>DEERFIELD BEACH, FL 33442</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>DIRET, LUCIENNE</b> <b>1454 SW DEERFIELD BCH</b> <b>DEERFIELD BEACH, FL 33442</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>F</b> <b>SAINTCOLS, ROCK</b> <b>711 SW 12 CT</b> <b>DEERFIELD BEACH, FL 33441</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>CALXITE, FRTIZ</b> <b>6320 SW 9TH PLACE</b> <b>NORTH LAUDERDALE, FL 33068</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>CALXITE, ADELINE</b> <b>6320 SW 9TH PLACE</b> <b>NORTH LAUDERDALE, FL 33068</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>JEAN, JEAN S</b> <b>1300 SW10TH AVE</b> <b>DEERFIELD BEACH, FL 33442</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.			
<b>SIGNATURE:</b> 		<b>5/29/06</b> <b>954839-5063</b> <small>Date Daytime Phone #</small>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			