


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90034 006 ****75.00

DOCUMENT # N98000001348 1. Entity Name MISSIONARY OF CHRIST, INC.					
Principal Place of Business 711 SW 12 COURT DEERFIELD BEACH FL 33441			Mailing Address 711 SW 12TH COURT DEERFIELD BEACH FL 33441		
2. Principal Place of Business - No P.O. Box # 711 SW 12 COURT Suite, Apt. #, etc. DEERFIELD BEACH City & State		3. Mailing Address Suite, Apt. #, etc. City & State			
Zip 33441	Country	Zip	4. FEI Number 65-0841533		
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable			
6. Name and Address of Current Registered Agent DOSTALY, WILNER 545 NW 48 AVENUE DEERFIELD BEACH FL 33442			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;"> FL Zip Code </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>					
FILE NOW: FEE IS \$61.25 Due By: May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOSTALY, WILNER 545 NW 48TH AVE DEERFIELD BEACH FL 33442	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DIRET, LUCIENNE 1454 SW DEERFIELD BCH DEERFIELD BEACH FL 33442	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	F SAINTCOLS, ROCK 711 SW 12 CT DEERFIELD BEACH FL 33441	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CALXITE, FRTIZ 6320 SW 9TH PLACE NORTH LAUDERDALE FL 33068	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CALXITE, ADELINE 6320 SW 9TH PLACE NORTH LAUDERDALE FL 33068	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C JEAN, JEAN S 1300 SW10TH AVE DEERFIELD BEACH FL 33442	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <input type="checkbox"/> Change <input type="checkbox"/> Addition				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: _____

4/28/08 (954) 907-9716