

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003310

FILED
Jun 30, 2004
Secretary of State**Entity Name:** MISSION STREET MINISTRIES, INC.**Current Principal Place of Business:**29 EAST FIFTH STREET
PANAMA CITY, FL 32401**New Principal Place of Business:****Current Mailing Address:**29 EAST FIFTH STREET
PANAMA CITY, FL 32401**New Mailing Address:****FEI Number:** 59-3524349**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HUNTER, WILLIAM M
29 EAST FIFTH STREET
PANAMA CITY, FL 32401 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** DP () Delete
Name: HUNTER, WILLIAM M
Address: 29 EAST FIFTH STREET
City-St-Zip: PANAMA CITY, FL 32401**Title:** D () Delete
Name: GREGG, STEVEN
Address: 1401 WEST 23RD STREET
City-St-Zip: PANAMA CITY, FL 32405**Title:** D () Delete
Name: TAYLOR, KENNETH
Address: 29 EAST 5TH STREET
City-St-Zip: PANAMA CITY, FL 32401**Title:** D () Delete
Name: WEAKEY, FRANCIE
Address: 29 EAST 5TH STREET
City-St-Zip: PANAMA CITY, FL 32401**Title:** D () Delete
Name: HAWES, DAVID R
Address: 209 HIDDEN PINES DR
City-St-Zip: PANAMA CITY BEACH, FL 32408**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** DTS (X) Change () Addition
Name: BREITMANN, STACEY
Address: 1300 SOUTHERLAN ROAD
City-St-Zip: LYNN HAVEN, FL 32444**Title:** D (X) Change () Addition
Name: BRYAN, MICHAEL
Address: 906 JEREMY LANE
City-St-Zip: PANAMA CITY, FL 32405**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM M. HUNTER

DP

06/30/2004

Electronic Signature of Signing Officer or Director

Date