

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003797

FILED
Jul 29, 2004
Secretary of State

Entity Name: MISSIONARY SERVICE & SUPPLY INTERNATIONAL, INC.

Current Principal Place of Business:

5387 S.E. 51ST DRIVE
STUART, FL 349971634

New Principal Place of Business:

Current Mailing Address:

5387 S.E. 51ST DRIVE
STUART, FL 349971634

New Mailing Address:

FEI Number: 65-0846006

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KUGLIN, NORMAN
5387 S.E. 51ST DRIVE
STUART, FL 34997 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: PT () Delete
Name: KUGLIN, NORMAN
Address: 5387 S.E. 51ST DRIVE
City-St-Zip: STUART, FL 349971634

Title: VPS () Delete
Name: KUGLIN, RAYLYN
Address: 5387 S.E. 51ST DRIVE
City-St-Zip: STUART, FL 349971634

Title: D () Delete
Name: KUGLIN, AARON
Address: 5387 S.E. 51ST DRIVE
City-St-Zip: STUART, FL 349971634

Title: D () Delete
Name: MAGDA, DAVID
Address: 3202 S.W. NUTLEY STREET
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: D () Delete
Name: SCHROEDER, DENNIS
Address: 2223 LANGDON LN.
City-St-Zip: MOUND, MN 55364

Title: D () Delete
Name: VANOOSTEN, ROGER ADRIAN
Address: 1360 SANDBURG TERR., #2104
City-St-Zip: CHICAGO, IL 60610

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: NORMAN KUGLIN

PT

07/29/2004

Electronic Signature of Signing Officer or Director

Date