

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2005 8:00 am
Secretary of State

06-02-2005 90001 028 ****61.25

DOCUMENT # N98000004102					
1. Entity Name NATIVE MISSIONS, INC.					
Principal Place of Business 16940 US HWY 19, UNIT 319 CLEARWATER, FL 33764 US			Mailing Address 16940 US HWY 19, UNIT 319 CLEARWATER, FL 33764 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	05312005 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-3535192				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STERNS, RANDY K 220 S. FRANKLIN STREET TAMPA, FL 33602			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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	PO PRESCOTT, CHESTER E 7707 N. HUNTLEY AVE #5 TAMPA, FL 33604	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Prescott, Chester E. 16940 US Hwy 19, Unit 319 - Correct Clearwater Fla - 33764 Address
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRESCOTT, JOHN G 6105 N. 20TH STREET TAMPA, FL 33610	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STERNS, RANDY K 220 S. FRANKLIN STREET TAMPA, FL 33602	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAGAOKA, JULIA M 18825 E. SPRING LAKE DR. SE RENTON, WA 98058	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. 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 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: Chester E. Prescott DPO: Chester E. Prescott 5-31-05 727-539 6403					