2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008
Secretary of State

DOCUMENT# N98000004102

Entity Name: NATIVE MISSIONS, INC.

Current Principal Place of Business:

16940 US HWY 19, UNIT 319
CLEARWATER, FL 33764 US

New Principal Place of Business:

Current Mailing Address:

16940 US HWY 19, UNIT 319
CLEARWATER, FL 33764 US

New Mailing Address:

FEI Number: 59-3535192 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STERNS, RANDY K
220 S. FRANKLIN STREET
TAMPA, FL 33602 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: PD ( ) Delete
Name: PRESCOTT, CHESTER E
Address: 16940 US HIGHWAY 19 N. UNIT 319
City-St-Zip: CLEARWATER, FL 33764

Title: D ( ) Delete
Name: PRESCOTT, JOHN G
Address: 16940 US HIGHWAY 19 N. UNIT319
City-St-Zip: CLEARWATER, FL 33764

Title: D ( ) Delete
Name: STERNS, RANDY K
Address: 220 S. FRANKLIN STREET
City-St-Zip: TAMPA, FL 33602

Title: D ( ) Delete
Name: NAGAOKA, JULIA M
Address: 18625 E. SPRING LAKE DR. SE
City-St-Zip: RENTON, WA 98058

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CHESTER E PRESCOTT PD 01/09/2008

Electronic Signature of Signing Officer or Director — Date