

N98000004102

2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 MAY 12 PM 3:33

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 - No P.O. Box # 16940 US HWY 19, UNIT 319		3. Mailing Address 16940 US HWY 19, UNIT 319			
Suite, Apt. #, etc. UNIT - 319		Suite, Apt. #, etc. UNIT - 319			
City & State Clearwater, Florida		City & State Clearwater, Florida			
Zip 33764		Country US		4. FEI Number 59-3535192	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BUSH ROSS REGISTERED AGENT SERVICES, LLC 1801 NORTH HIGHLAND AVENUE TAMPA, FL 33602			7. Name and Address of New Registered Agent Name BUSH ROSS REGISTERED AGENT SERVICES, LLC Street Address (P.O. Box Number is Not Acceptable) 1801 NORTH HIGHLAND AVENUE City Tampa FL Zip Code 33602		
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 <u>Randy K Stern</u> Via President <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$297.50			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	PD PRESCOTT, CHESTER E 16940 US HIGHWAY 19 N. UNIT 319 CLEARWATER, FL 33764	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRESCOTT, JOHN G 16940 US HIGHWAY 19 N. UNIT 319 CLEARWATER, FL 33764	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STERN, RANDY K 220 S. FRANKLIN STREET TAMPA, FL 33602	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAGAOKA, JULIA M 18625 E. SPRING LAKE DR. SE RENTON, WA 98058	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAGAOKA, JULIA M 18625 E. SPRING LAKE DR. SE RENTON, WA 98058	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAGAOKA, JULIA M 18625 E. SPRING LAKE DR. SE RENTON, WA 98058	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.			200207668772 05/13/11--01026--017 **297.50		
SIGNATURE: <u>Chester E. Prescott, President</u>			REINSTATEMENT 2010-2011 -ult		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

FF \$297.50