

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 26, 2001 08:00 AM**
Secretary of State**DOCUMENT # N99000000620****1. Entity Name**
MISSIONARY COMMUNICATIONS, INC.**Principal Place of Business**
1011 BILL BECK BLVD.
KISSIMMEE FL 34744**Mailing Address**
1011 BILL BECK BLVD.
KISSIMMEE FL 34744**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number
59-3562485Applied For
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent**PHILLIPS RICHARD D
2514 OAK HOLLOW DRIVE
KISSIMMEE FL 34744 USName
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.****SIGNATURE** **01/26/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE**FILE NOW:**
FEE IS \$61.25**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees****Make Check Payable to Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	D	<input type="checkbox"/> Delete
NAME	DUNGAN NORM	
STREET ADDRESS	7905 BROWN DRIVE	
CITY-ST-ZIP	KNOXVILLE TN 37998	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUCHANAN TONY	
STREET ADDRESS	2360 OAK LEAF LANE	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH ROBERT W	
STREET ADDRESS	2406 SABRA COURT	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	T/D	<input type="checkbox"/> Delete
NAME	PHILLIPS SANDRA J	
STREET ADDRESS	2514 OAK HOLLOW DRIVE	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	C/D	<input type="checkbox"/> Delete
NAME	PHILLIPS RICHARD D	
STREET ADDRESS	2514 OAK HOLLOW DRIVE	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	T/D	<input type="checkbox"/> Delete
NAME	LUTZ BEN DSR.	
STREET ADDRESS	2301 DEARMOND LANE	
CITY-ST-ZIP	KNOXVILLE TN 37920	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Richard D. Phillips C/D 01/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)

D RICHARD K. PHILLIPS
223 ASHBAUGH ROAD

JEANNETTE, PA 15644

D MARIE GARRETT
7724 DODSON ROAD

KNOXVILLE, TN 37920