2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005
Secretary of State

DOCUMENT# N99000000664

Entity Name: MISSIONARY MANOR, INC.

Current Principal Place of Business:

4065 IONA STREET
TITUSVILLE, FL 32796

New Principal Place of Business:

Current Mailing Address:

4065 IONA STREET
TITUSVILLE, FL 32796

New Mailing Address:

FEI Number: 59-3575305 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PETERSON, KATHLEEN W
4065 IONA STREET
TITUSVILLE, FL 32796 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:	D	( ) Delete
Name:	GRAY, LOWELL	
Address:	2580 WHITE OAK DR.	
City-St-Zip:	TITUSVILLE, FL 32780	
Title:	S	( ) Delete
Name:	PETERSON, J. MARK	
Address:	4065 IONA STREET	
City-St-Zip:	TITUSVILLE, FL 32796	
Title:	D	( ) Delete
Name:	SCARDO, WADE L	
Address:	820 WILLIAMSBURG DR.	
City-St-Zip:	TITUSVILLE, FL 32780	
Title:	D	( ) Delete
Name:	STEFANOVIC, TERRY	
Address:	3886 BUTEO PL	
City-St-Zip:	TITUSVILLE, FL 32796	
Title:	D	( ) Delete
Name:	PETERSON, KATHLEEN W	
Address:	4065 IONA STREET	
City-St-Zip:	TITUSVILLE, FL 32796	
Title:	D	( ) Delete
Name:	BAKER, ARLYNN	
Address:	515 N CARPENTER ROAD	
City-St-Zip:	TITUSVILLE, FL 32796	

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: KATHLEEN W PETERSON D 03/23/2005

Electronic Signature of Signing Officer or Director — Date