

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001118

FILED
Jul 07, 2006
Secretary of State

Entity Name: MISSIONARY TRANSPORT AND EQUIPMENT SERVICE, INC.

Current Principal Place of Business:

8201 TOMKOW ROAD
LAKELAND, FL 33809

New Principal Place of Business:

8201 TOMKOW ROAD
LAKELAND, FL 33809 US

Current Mailing Address:

8201 TOMKOW ROAD
LAKELAND, FL 33809

New Mailing Address:

P O BOX 68
POLK CITY, FL 33868 US

FEI Number: 65-1141179 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WILLIAMS, HAROLD R
8201 TOMKOW ROAD
LAKELAND, FL 33809 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: PDC () Delete
Name: WILLIAMS, HAROLD R
Address: 8201 TOMKOW ROAD
City-St-Zip: LAKELAND, FL 33809

Title: VD () Delete
Name: NORRIS, DAVID
Address: 112 COLEMAN ROAD
City-St-Zip: WINTER HAVEN, FL 33880

Title: STD () Delete
Name: RABURN, LEONARD H JR
Address: 217 GREEN LEAF LANE
City-St-Zip: POLK CITY, FL 33808

Title: D () Delete
Name: BROWN, EDWARD K JR
Address: 745 OLD BERKLEY RD
City-St-Zip: AUBURNDALE, FL 33823

Title: D () Delete
Name: JASPER, LEON
Address: 640 MEADOW DRIVE
City-St-Zip: SOMERSET, KY 42503

Title: D () Delete
Name: FENISON, DARVIE
Address: 186 HIGHWAY 192
City-St-Zip: SOMERSET, KY 42501

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: RABURN, LEONARD H JR
Address: 7 OVERLAND PARK
City-St-Zip: VILONIA, AR 72173

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 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: HAROLD R WILLIAMS

VD

07/07/2006

Electronic Signature of Signing Officer or Director

Date