

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90052 012 \*\*\*\*61.25

<b>DOCUMENT # N99000001118</b>					
<b>1. Entity Name</b> MISSIONARY TRANSPORT AND EQUIPMENT SERVICE, INC.					
<b>Principal Place of Business</b> 8201 TOMKOW ROAD LAKELAND, FL 33809 US			<b>Mailing Address</b> P O BOX 68 POLK CITY, FL 33868 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 112 COLEMAN ROAD		<b>3. Mailing Address</b> 112 COLEMAN ROAD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> WINTER HAVEN, FL		<b>City &amp; State</b> WINTER HAVEN, FL		<b>4. FEI Number</b> 65-1141179	
<b>33880</b>		<b>USA</b>		<b>33880</b>	
<b>USA</b>		<b>USA</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  WILLIAMS, HAROLD R 8201 TOMKOW ROAD LAKELAND, FL 33809				<b>7. Name and Address of New Registered Agent</b> Name: <b>DAVID NORRIS</b> Street Address (P.O. Box Number is Not Acceptable): 112 COLEMAN ROAD City: <b>WINTER HAVEN</b> , <b>FL</b> <b>33880</b>	
<b>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.</b>  SIGNATURE: <u>DAVID NORRIS, PRESIDENT</u> <span style="float: right;">4/8/08</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PDC</b> WILLIAMS, HAROLD R 8201 TOMKOW ROAD LAKELAND, FL 33809	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> NORRIS, DAVID 112 COLEMAN ROAD WINTER HAVEN, FL 33880	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> RABURN, LEONARD H JR 7 OVERLAND PARK VILONIA, AR 72173	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> BROWN, EDWARD K JR 745 OLD BERKLEY RD AUBURNDALE, FL 33823	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> JASPER, LEON 640 MEADOW DRIVE SOMERSET, KY 42503	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> FENISON, DARVIE 186 HIGHWAY 192 SOMERSET, KY 42501	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> STEINER, DONALD 1022 LAKELAND HILLS BLVD LAKELAND, FL 33801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
<b>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.</b>					
<b>SIGNATURE:</b> <u>DAVID NORRIS, PRESIDENT</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/8/08 (863) 299-1048 <small>Date Daytime Phone #</small>		