## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000003655

10834 TAMIS TRAIL

LAKE WORTH, FL 33467

Address:

City-St-Zip:

Entity Name: MISSION PRESS SOCIETY, INC.

FILED May 04, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1510 HIGH RIDGE RD LAKE WORTH, FL 33461 **Current Mailing Address: New Mailing Address:** 1510 HIGH RIDGE RD LAKE WORTH, FL 33461 FEI Number: 65-0938148 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NIEMINEN, LAURI 800 NOTTÍNGHAM BLVD. WEST PALM BEACH, FL 33405 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete NIEMINEN, LAURI Name: Name: Address: 800 NOTTINGHAM BLVD. Address: City-St-Zip: WEST PALM BEACH, FL 33405 City-St-Zip: Title: () Delete Title: () Change () Addition Name: PUUSTELLI, TIMO Name: Address: 6289 LEAR DRIVE Address: City-St-Zip: LANTANA, FL 33462 City-St-Zip: Title: () Delete Title: () Change () Addition KYMALAINMEN, EINO Name: Name: 5205 A BRISTA CIRCLE Address: Address: City-St-Zip: BOYNTON BEACH, FL City-St-Zip: ( ) Delete Title: Title: () Change () Addition Name: ULLA, SAARI Name: 6804 TRADEWIND DRIVE Address: Address: City-St-Zip: LANTANA, FL 33462 City-St-Zip: Title: Title: () Delete () Change () Addition LASSILA, JOHANNA Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: LAURI NIEMINEN PR 05/04/2004