#### 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 768748** 

Entity Name: MISSIONARY VENTURES INTERNATIONAL, INC.

FILED
Mar 08, 2016
Secretary of State
CC9891003752

## **Current Principal Place of Business:**

5144 S ORANGE AVE. ORLANDO. FL 32809

## **Current Mailing Address:**

P.O. BOX 593550

ORLANDO. FL 32859-3550 US

FEI Number: 59-2321060 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

SNELL, WILLIAM A JR. 5144 S ORANGE AVE ORLANDO, FL 32809 US

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: WILLIAM A SNELL JR 03/08/2016

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title VP Title PRESIDENT

Name DUBOIS, GLEN P Name SNELL, WILLIAM A

Address 5144 S. ORANGE AVENUE Address 5144 S. ORANGE AVENUE

City-State-Zip: ORLANDO FL 32809 City-State-Zip: ORLANDO FL 32809

Title DIRECTOR Title TREA

Name MCFADDEN, DOUGLAS Name HALL, GARY

Address 5144 S. ORANGE AVENUE Address 5144 S. ORANGE AVENUE

City-State-Zip: ORLANDO FL 32809 City-State-Zip: ORLANDO FL 32809

Title D Title D

Name EGGERT, EDITH Name KNIGHT, PETER

Address 5144 S. ORANGE AVENUE Address 5144 S. ORANGE AVENUE

City-State-Zip: ORLANDO FL 32809 City-State-Zip: ORLANDO FL 32809

Title DIRECTOR Title DIRECTOR

NameMCGRATH, WILLIAMSNamePOWELL, CHARLESAddress5144 S ORANGE AVE.Address5144 S ORANGE AVE.City-State-Zip:ORLANDO FL 32809City-State-Zip:ORLANDO FL 32809

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I hereby 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 all other like empowered.

SIGNATURE: GARY HALL TREASURER 03/08/2016

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title SECRETARY

NameMCDANIEL, PETERAddress5144 S ORANGE AVE.City-State-Zip:ORLANDO FL 32809