

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01816

**Entity Name:** MISSIONARY COMPANION MINISTRIES, INC.**Current Principal Place of Business:**17953 HOLLY BROOK DR.  
TAMPA, FL 33647**Current Mailing Address:**119 HERITAGE HILLS DR  
GREENEVILLE, TN 37744 US**FEI Number:** 59-2348290**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**AKERS, JAMES M  
17953 HOLLY BROOK DR.  
TAMPA, FL 33647 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

|                 |                            |
|-----------------|----------------------------|
| Title           | PD                         |
| Name            | RASMUSSEN, DON M PRESIDENT |
| Address         | 119 HERITAGE HILLS DR      |
| City-State-Zip: | GREENEVILLE TN 37745       |

|                 |                 |
|-----------------|-----------------|
| Title           | D               |
| Name            | DOVEY, KEN DR.  |
| Address         | 836 VIGIL DR    |
| City-State-Zip: | SEMOUR TN 37865 |

|                 |                  |
|-----------------|------------------|
| Title           | D                |
| Name            | LOONEY, TONY     |
| Address         | 1512 NW 10TH AVE |
| City-State-Zip: | CAMAS WA 98607   |

|                 |                     |
|-----------------|---------------------|
| Title           | D                   |
| Name            | COTTEN, MICHAEL     |
| Address         | 215 CHANNEL COVE CT |
| City-State-Zip: | JAMESTOWN NC 27282  |

|                 |                      |
|-----------------|----------------------|
| Title           | D                    |
| Name            | AKERS, JAMES         |
| Address         | 17953 HOLLY BROOK DR |
| City-State-Zip: | TAMPA FL 33647       |

*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: DON M. RASMUSSEN****PRESIDENT****02/23/2022**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date