

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01816

**Entity Name:** MISSIONARY COMPANION MINISTRIES, INC.

**Current Principal Place of Business:**

7901 4TH ST N  
STE 300  
SAINT PETERSBURG, FL 33702

**Current Mailing Address:**

119 HERITAGE HILLS DR  
GREENEVILLE, FL 37745 US

**FEI Number:** 59-2348290

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

AKERS, JAMES M  
12292 THOMASON ST  
BROOKSVILLE, FL 34613 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 DIRECTOR  
Name LOONEY, TONY  
Address 207 PINE ST.  
City-State-Zip: ROOSEVELT WA 98356

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

Title DIRECTOR  
Name DOVEY, KEN  
Address 836 VIGIL DR  
City-State-Zip: SEYMOUR TN 37865

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

Title DIRECTOR  
Name SAGRAVES, JOSHUA  
Address 1805 WINDING RIDGE TRAIL  
City-State-Zip: KNOXVILLE TN 37922

*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**

**03/13/2025**

Electronic Signature of Signing Officer/Director Detail

Date