

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000002354

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

**Current Principal Place of Business:**

490 N HARBOR CITY BLVD  
MELBOURNE, FL 32935

**Current Mailing Address:**

490 N HARBOR CITY BLVD  
MELBOURNE, FL 32935

**FEI Number:** 77-0673186

**Certificate of Status Desired:** No

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

UNDERILL, H. J. III  
490 N HARBOR CITY BLVD  
MELBOURNE, FL 32935 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 RHODEN, H ROBERT  
Address 1075 LUMINARY CIRCLE, #101  
City-State-Zip: MELBOURNE FL 32901

Title VPD  
Name RHODEN, JOAN  
Address 1075 LUMINARY CIRCLE, #101  
City-State-Zip: MELBOURNE FL 32901

Title SD  
Name UNDERILL, H. J. III  
Address 490 N HARBOR CITY BLVD  
City-State-Zip: MELBOURNE FL 32935

Title TD  
Name UNDERILL, SHARON  
Address 490 N HARBOR CITY BLVD  
City-State-Zip: MELBOURNE FL 32935

*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:** UNDERILL, H. J. ,III

**REGISTERED AGENT**

**03/07/2017**

Electronic Signature of Signing Officer/Director Detail

Date