

2013 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000001992

FILED
Jan 17, 2013
Secretary of State
CC1115858464

Entity Name: MISSION STRATEGIES, INC.

Current Principal Place of Business:

9700 W 62 STREET
MERRIAM, KS 66203

Current Mailing Address:

900 HOPE WAY
ALTAMONTE SPRINGS, FL 32714

FEI Number: 20-5982365

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GIVENS, MICHELLE
ADVENTIST CARE CENTERS
602 COURTLAND ST. - SUITE 200
ORLANDO, FL 32804 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 CD
Name HENDERSCHIEDT, ROBERT
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title AS
Name SHAW, TERRY
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title AS
Name ADDISCOTT, LYNN
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title PD
Name GIVENS, MICHELLE
Address 602 COURTLAND AVENUE
City-State-Zip: ORLANDO FL 32803

Title AS
Name BLOCK, MARK
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title AS
Name DE PRADA, ARIEL
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR
Name ANDERSON, ROGER
Address 480 S. SR 434 #1004-151
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR
Name EVANS, THOMAS
Address 12501 OLD COLUMBUS PIKE
City-State-Zip: SILVER SPRINGS MD 20904

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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: ARIEL DE PRADA

ASSIST. SECRETARY

01/17/2013

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MCDONALD, RAYMOND A
Address 2800 N. ORLANDO AVENUE
City-State-Zip: ORLANDO FL 32804

Title ASST. SECRETARY
Name BROWN, ELINA
Address 602 COURTLAND ST.
SUITE 200
City-State-Zip: ORLANDO FL 32804

Title ASST. SECRETARY
Name RODMAN, DAVID L
Address 602 COURTLAND STREET
SUITE 200
City-State-Zip: ORLANDO FL 32804

Title ASST. SECRETARY
Name SINGLETON, DAVID
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR
Name RATHBUN, PAUL
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title ASST. SECRETARY
Name JOHNSON, KENT
Address 602 COURTLAND STREET
#200
City-State-Zip: ORLANDO FL 32804

Title ASST. SECRETARY
Name SAUNDERS, MICHAEL
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714