

**2018 FOREIGN NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# F13000003592

Entity Name: MISSION STRATEGIES OF GEORGIA, INC.

Current Principal Place of Business:

1035 RED BUD ROAD
CALHOUN, GA 30701

Current Mailing Address:

485 N. KELLER ROAD
SUITE 250
MAITLAND, FL 32751 US

FEI Number: 90-0866024

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GIVENS, MICHELLE
485 N. KELLER ROAD, SUITE 250
MAITLAND, FL 32751 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 CHAIRMAN, DIRECTOR
Name JOHNSON, SANDRA
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 ASSISTANT SECRETARY
Name RATHBUN, PAUL
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

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

Title PD
Name GIVENS, MICHELLE
Address 485 N. KELLER ROAD
SUITE 250
City-State-Zip: MAITLAND FL 32751

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

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

Title ASST. SECRETARY
Name ADDISCOTT, LYNN
Address ADVENTIST HEALTH SYSTEM
900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Continues on page 2

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

ASSISTANT SECRETARY 07/31/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASST. SECRETARY
Name RODMAN, DAVID
Address 485 N. KELLER ROAD
SUITE 250
City-State-Zip: MAITLAND FL 32751

Title ASST. SECRETARY
Name SHAW, TERRY
Address ADVENTIST HEALTH SYSTEM
900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR
Name BEAULIEU, TIMOTHY
Address 10605 BOCA POINTE DRIVE
City-State-Zip: ORLANDO FL 32836

Title DIRECTOR, ASSISTANT SECRETARY
Name JOHNSON, PENNY
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title ASSISTANT SECRETARY
Name HINDS, NIGEL
Address 485 N. KELLER ROAD
SUITE 250
City-State-Zip: MAITLAND FL 32751

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

Title ASSISTANT SECRETARY
Name GRAFF, JEFF
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR
Name DIXON, DARYL
Address 1917 BRIDGEWATER DRIVE
City-State-Zip: LAKE MARY FL 32746

Title DIRECTOR
Name THOMPSON, MICHAEL
Address 550 E. ROLLINS STREET
City-State-Zip: ORLANDO FL 32803