#### 2022 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000003592

Entity Name: MISSION STRATEGIES OF GEORGIA, INC.

**FILED** Apr 26, 2022 Secretary of State 4520022829CC

# **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:

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: KEITH BOYCE 04/26/2022

> Date Electronic Signature of Registered Agent

> > Title

Officer/Director Detail:

Title CHAIRMAN, DIRECTOR Title PRESIDENT, DIRECTOR, ASSISTANT

SECRETARY

Name STILTZ, BRIAN BOYCE, KEITH Name Address 900 HOPE WAY

485 N. KELLER ROAD Address ALTAMONTE SPRINGS FL 32714 City-State-Zip:

SUITE 250

City-State-Zip: MAITLAND FL 32751 ASSISTANT SECRETARY Title

Title DIRECTOR RATHBUN, PAUL Name

Name MCDONALD, RAYMOND A. 900 HOPE WAY Address

Address 2800 N. ORLANDO AVENUE City-State-Zip: ALTAMONTE SPRINGS FL 32714

City-State-Zip: ORLANDO FL 32804

Title ASST. SECRETARY

Name

ADDISCOTT, LYNN Name RODMAN, DAVID ADVENTIST HEALTH SYSTEM Address

900 HOPE WAY Address 485 N. KELLER ROAD

SUITE 250 ALTAMONTE SPRINGS FL 32714 City-State-Zip:

MAITLAND FL 32751 City-State-Zip: Title ASST. SECRETARY

Title ASSISTANT SECRETARY SAUNDERS, MICHAEL Name

Name GRAFF, JEFF Address ADVENTIST HEALTH SYSTEM

900 HOPE WAY Address 900 HOPE WAY

ALTAMONTE SPRINGS FL 32714 City-State-Zip: City-State-Zip: ALTAMONTE SPRINGS FL 32714

ASST. SECRETARY

## 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.

ASSISTANT SECRETARY 04/26/2022 SIGNATURE: LYNN ADDISCOTT

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title DIRECTOR

Name BEAULIEU, TIMOTHY

Address 10605 BOCA POINTE DRIVE

City-State-Zip: ORLANDO FL 32836

Title ASSISTANT SECRETARY

Name HINDS, NIGEL

Address 485 N. KELLER ROAD

SUITE 250

City-State-Zip: MAITLAND FL 32751

Title DIRECTOR
Name YOUNG, ANITA

Address 485 N. KELLER ROAD

SUITE 250

City-State-Zip: MAITLAND FL 32751

Title DIRECTOR

Name MUSGRAVE, LISA

Address 485 N KELLER ROAD

SUITE 250

City-State-Zip: MAITLAND FL 32751

Title DIRECTOR

Name THOMPSON, MICHAEL

Address 550 E. ROLLINS STREET

City-State-Zip: ORLANDO FL 32803

Title DIRECTOR, ASST. SECRETARY

Name PETTIJOHN, KELLY

Address 900 HOPE WAY

City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title ASST. SECRETARY
Name VINCENT, HANEY
Address 900 HOPE WAY

City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title ASSISTANT SECRETARY

Name HUFFMAN, DAVID Address 900 HOPE WAY

City-State-Zip: ALTAMONTE SPRINGS FL 32714