


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N04000001948**

1. Entity Name  
**REGINA MUNDI INC**



Principal Place of Business      Mailing Address

157 LAMSON ST      157 LAMSON ST  
 JACKSONVILLE, FL 32211      JACKSONVILLE, FL 32211

**DO NOT WRITE IN THIS SPACE**



02042007 No Chg-NP      CR2E037 (4/06)

4. FEI Number      Applied For  
**80-0006056**      Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**EJIMOFOR, PRISCILLA**  
**157 LAMSON ST**  
**JACKSONVILLE, FL 32211**

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee Is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	EJIMOFOR, PRISCILLA
STREET ADDRESS	157 LAMSON ST
CITY-ST-ZIP	JACKSONVILLE, FL 32211
TITLE	V
NAME	EKE, PAULINE
STREET ADDRESS	851 BERT RD.
CITY-ST-ZIP	JACKSONVILLE, FL 32211
TITLE	T
NAME	RAPHAEL, EBERE R
STREET ADDRESS	600 EUGENIA ST.
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	S
NAME	JONES, HILDA
STREET ADDRESS	407 2 28TH ST.
CITY-ST-ZIP	JACKSONVILLE, FL 32209
TITLE	ADMS
NAME	JOHNSON, CORNELIA
STREET ADDRESS	3810 N. DAVIS ST.
CITY-ST-ZIP	JACKSONVILLE, FL 32209
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000649447  
 03/07/07-80049-015 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Priscilla Ejimofor*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2-5-2007*  
 Date      Daytime Phone #