

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000007181

**Entity Name:** MISSION DEVELOPMENT ENTERPRISES, INC.**Current Principal Place of Business:**4068 GAY NELL CT.  
ORLANDO, FL 32811**Current Mailing Address:**513 CALIBRE LAKE PKWY  
SMYRNA, GA 30082 US**FEI Number: 26-3368722****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**PETERSON, RENA M  
4068 GAY NELL CT.  
ORLANDO, FL 32811 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	PRES
Name	PETERSON, RENA M
Address	1875 WILLIAMS MANOR AVE
City-State-Zip:	ORLANDO FL 32811

Title	PRES OF SICKLE CELL OUT REACH
Name	VINCENT, WALKER
Address	1875 WILLIAMS MANOR AVE
City-State-Zip:	ORLANDO FL 32811

Title	VP, PROMOTIONS
Name	HURST, KATETRINIA
Address	1303 GWINNETT SQUARE CIR
City-State-Zip:	DULUTH GA 30096

Title	PRESIDENT OF PERFORMING ARTS
Name	MACK, TAMMY
Address	1875 WILLIAMS MANOR AVE
City-State-Zip:	ORLANDO FL 32811

Title	TRES
Name	WALKER, NATALIE
Address	1875 WILLIAMS MANOR AVE
City-State-Zip:	ORLANDO FL 32811

Title	VP, MARKETING
Name	JOHNSON, RHONDA
Address	4267 KINGS TROOP RD,
City-State-Zip:	STONE MOUNTAIN GA 30083

*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: RENA MACK PETERSON****PRESIDENT/FOUNDER****03/17/2020**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date