

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000007181

**Entity Name:** MISSION DEVELOPMENT ENTERPRISES, INC.

**Current Principal Place of Business:**

1875 WILLIAM MANOR AVE  
ORLANDO, FL

**FILED**  
**Mar 21, 2017**  
**Secretary of State**  
**CC5553085126**

**Current Mailing Address:**

1875 WILLIAMS MANOR AVE  
ORLANDO, FL 32811 US

**FEI Number: 26-3368722**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

PETERSON, RENA M  
1875 WILLIAMS MANOR AVE  
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            PRESIDENT OF PERFORMING ARTS  
Name            MACK, SHAYLIN  
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            TRES  
Name            WALKER, NATALIE  
Address        1875 WILLIAMS MANOR AVE  
City-State-Zip: ORLANDO FL 32811

Title            VP  
Name            MYLES, DARION  
Address        1875 WILLIAMS MANOR AVE  
City-State-Zip: ORLANDO FL 32811

*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 PETERSON**

**PRESIDENT**

**03/21/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date