

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000003521

**Entity Name:** A VACATION WITH A MISSION INC.

**Current Principal Place of Business:**

3286 ARCARA WAY  
APT 215  
LAKE WORTH, FL 33467

**Current Mailing Address:**

3286 ARCARA WAY  
APT 215  
LAKE WORTH, FL 33467 US

**FEI Number:** 82-1022451

**Certificate of Status Desired:** No

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

WEBB, FAITHLYN  
3286 ARCARA WAY  
APT 215  
LAKE WORTH, FL 33467 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 ED  
Name WEBB, FAITHLYN  
Address 3286 ARCARA WAY APT 215  
City-State-Zip: LAKE WORTH FL 33467

Title BOD  
Name CHRISTIE, ELAINE  
Address 3286 ARCARA WAY UNIT APT 215  
City-State-Zip: LAKE WORTH FL 33467

Title BOD  
Name BARNES, OWEN  
Address 3286 ARCARA WAY APT 215  
City-State-Zip: LAKE WORTH FL 33467

Title BOD  
Name WEBB, JEFFREY  
Address 3286 ARCARA WAY APT 215  
City-State-Zip: LAKE WORTH FL 33467

*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:** FAITHLYN WEBB

ED

06/03/2021

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

\_\_\_\_\_  
Date