

2022 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F20000003212

Entity Name: THE MISSION CONTINUES, INC.

Current Principal Place of Business:

1141 S. 7TH STREET
ST. LOUIS, MO 63104

Current Mailing Address:

PO BOX 12129
DENVER, CO 80212 US

FEI Number: 20-8742553

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
801 US HIGHWAY 1
NORTH PALM BEACH, FL 33408 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 CHAIRMAN
Name ADAE, NANA
Address 1141 S. 7TH STREET
City-State-Zip: ST. LOUIS MO 63104

Title DIRECTOR
Name O'SULLIVAN, MEGHAN
Address 1141 S. 7TH STREET
City-State-Zip: ST. LOUIS MO 63104

Title TREASURER, VP
Name KORTEKAAS, LEN
Address 1141 S. 7TH STREET
City-State-Zip: ST. LOUIS MO 63104

Title D
Name CULVER, JOHN
Address 1141 S. 7TH STREET
City-State-Zip: ST. LOUIS MO 63104

Title PRESIDENT
Name BRUGGEMAN, MARY BETH
Address 1141 S. 7TH STREET
City-State-Zip: ST. LOUIS MO 63104

Title DIRECTOR
Name FLOURNOY, MICHELE
Address 1141 S. 7TH STREET
City-State-Zip: ST. LOUIS MO 63104

Title CHIEF DEVELOPMENT OFFICER
Name KOVACS, JENNIFER
Address 1141 S. 7TH STREET
City-State-Zip: ST. LOUIS MO 63104

Title SENIOR VP
Name LESPERANCE, LAURA
Address 1141 S. 7TH STREET
City-State-Zip: ST. LOUIS MO 63104

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.

SIGNATURE: MARY BETH BRUGGEMAN

PRESIDENT

01/11/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title CFO
Name SMOOT, AUTUMN
Address 1141 S. 7TH STREET
City-State-Zip: ST. LOUIS MO 63104

Title CHIEF PROGRAMS OFFICER
Name THAXTON, SUSAN
Address 1141 S. 7TH STREET
City-State-Zip: ST. LOUIS MO 63104