

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000005233

1. Entity Name

Holy Missions Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JUL 12 AM 10:57

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3644 Watseka Ave #2

3. Mailing Address

865 NE 149th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Los Angeles, CA

City & State

North Miami, FL

4. FEI Number

954298364

Applied For

Not Applicable

Zip

90034

Country

USA

Zip

33161

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Spring Wallace

Street Address (P.O. Box Number is Not Acceptable)

City

865 NE 149th St.

North Miami

FL

Zip Code

33161

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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.

SIGNATURE

Spring Wallace

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7-8-02

DATE

FEE IS \$81.25

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	Campbell, Joseph
STREET ADDRESS	3644 Watseka Ave. #2
CITY-ST-ZIP	Los Angeles, CA. 90034
TITLE	SD
NAME	Graver, Marilyn
STREET ADDRESS	3644 Watseka Ave #2
CITY-ST-ZIP	Los Angeles, CA. 90034
TITLE	TD
NAME	Ellsworth, Sam
STREET ADDRESS	904 46 National Blvd
CITY-ST-ZIP	Los Angeles, CA. 90034
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Joseph Campbell

Joseph Campbell PCD

7-9-02

305-562-0535

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)