

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90277 001 ****61.25

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1. Entity Name

MISSION AMERICA COALITION, INC.

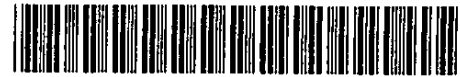


Principal Place of Business

77-564 A COUNTRY CLUB DRIVE #219
PALM DESERT CA 92211

Mailing Address

P.O. BOX 13930
PALM DESERT CA 92255



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/05)

4. FEI Number

23-7317473

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRIZZELL, NAOMI
5530 ALDEN BRIDGE ROAD
JACKSONVILLE FL 32258

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when revalidating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CCEO
CEDAR, PAUL A DR
69495 LAS CAMELIAS
CATHEDRAL CITY CA 92234 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
ALLISON, DR. LONNIE
500 E. COLLEGE AVE.
WHEATON IL 67018-7 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
PARROTT, DR. ROGER
1500 PEACHTREE ST.
JACKSON MS 39202 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
COOD
OVERHOLT, JAMES H.
4924 PATHFINDER AVE.
OAK PARK CA 91377 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Same
3312 Bridgehampton Way
Camarillo, CA 93012 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

(Signature) (PAUL A. CEDAR)

3/15/06

760-200-2707