


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # F00000005385 1. Entity Name MISSION AMERICA COALITION, INC.	
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Principal Place of Business 75-105 MERLE STREET SUITE 400 PALM DESERT, CA 92211	Mailing Address P.O. BOX 13930 PALM DESERT, CA 92255
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DO NOT WRITE IN THIS SPACE



01032008 No Chg-NP CR2E037 (4/06)

4. FEI Number 23-7317473	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WELCH, ERIC
18036 SW 29TH ST
MIRAMAR, FL 33029**

**DO NOT WRITE
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinitiating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO CEDAR, PAUL A DR 69495 LAS CAMELIAS CATHEDRAL CITY, CA 92234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALLISON, DR. LONNIE 500 E. COLLEGE AVE. WHEATON, IL 670187
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PARROTT, DR. ROGER 1500 PEACHTREE ST. JACKSON, MS 39202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCKINNEY, GEORGE BISHOP 5825 IMPERIAL AVENUE SAN DIEGO, CA 92114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

U00000783435
01/16/08-80014-018 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Paul A. Cedar* **PAUL A. CEDAR** 1/5/08 **(760) 408-3858**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #