

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000005385

FILED  
Mar 26, 2009  
Secretary of State

Entity Name: MISSION AMERICA COALITION, INC.

## Current Principal Place of Business:

75-105 MERLE STREET  
SUITE 400  
PALM DESERT, CA 92211

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 13930  
PALM DESERT, CA 92255

## New Mailing Address:

FEI Number: 23-7317473

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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

## OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete  
Name: CEDAR, PAUL A DR  
Address: 69495 LAS CAMELIAS  
City-St-Zip: CATHEDRAL CITY, CA 92234

Title: S ( ) Delete  
Name: ALLISON, DR. LONNIE  
Address: 500 E. COLLEGE AVE.  
City-St-Zip: WHEATON, IL 670187

Title: T ( ) Delete  
Name: PARROTT, DR. ROGER  
Address: 1500 PEACHTREE ST.  
City-St-Zip: JACKSON, MS 39202

Title: V ( ) Delete  
Name: MCKINNEY, GEORGE BISHOP  
Address: 5825 IMPERIRIAL AVENE  
City-St-Zip: SAN DIEGO, CA 92114

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition  
Name: CEDAR, PAUL A DR  
Address: 69495 LAS CAMELIAS  
City-St-Zip: CATHEDRAL CITY, CA 92234

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: NOEL FOUTZ

MGR

03/26/2009

Electronic Signature of Signing Officer or Director

Date