

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000005552

1. Entity Name
MISSION ALCANCE OF FELLSMERE, INC.



Principal Place of Business
39 BROADWAY ST.
FELLSMERE, FL 32948

Mailing Address
1651 WAKE FOREST RD NW
PALM BAY, FL 32907



01062005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3661489

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NEPTALI, ALDANA
1651 WAKEFOREST RD NW
PALM BAY, FL 32907

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
NETALI, ALDANA
1651 WAKE FOREST RD NW
PALM BAY, FL 32907

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
RODRIGUEZ, DIANA
551 EMERSON DRIVE NE
PALM BAY, FL 32907

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
MALDONADO, MARIA
P O BOX 1202
FELLSMERE, FL 32948

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
MERCEDES, ALDANA
1651 WAKE FOREST RD NW
PALM BAY, FL 32907

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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05/05/05-80084-007 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Netali Aldana

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-05

Date

Daytime Phone #