

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

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # N00000005552

1. Entity Name
MISSION ALCANCE OF FELLSMERE, INC.



Principal Place of Business
**12285 C.R. 512
FELLSMERE, FL 32948**

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



04282008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3661489

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000937382

05/27/08-50063-023 70.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	NETALI, ALDANA
STREET ADDRESS	1651 WAKE FOREST RD NW
CITY-ST-ZIP	PALM BAY, FL 32907
TITLE	T
NAME	RODRIGUEZ, DIANA
STREET ADDRESS	551 EMERSON DRIVE NE
CITY-ST-ZIP	PALM BAY, FL 32907
TITLE	T
NAME	BLANCO, MARIA N
STREET ADDRESS	PO BOX 1196
CITY-ST-ZIP	FELLSMERE, FL 32948
TITLE	VP
NAME	MERCEDES, ALDANA
STREET ADDRESS	1651 WAKE FOREST RD NW
CITY-ST-ZIP	PALM BAY, FL 32907
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.