

ReSubmune

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2002 8:00 am
Secretary of State

02-20-2002 90171 025 ****61.25

DOCUMENT # *NO10000005785* ✓
1. Entity Name
MISSION AFRICA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1634 EMMAUS RD. N.W.
Suite, Apt. #, etc.

3. Mailing Address
1634 EMMAUS RD. N.W.
Suite, Apt. #, etc.

20974

DO NOT WRITE IN THIS SPACE

City & State
Palm Bay, FL
Zip
32907
Country
USA

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Palm Bay, FL
Zip
32907
Country
USA

4. FEI Number
Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
MARY-ANN LEVY
Street Address (P.O. Box Number is Not Acceptable)
1634 EMMAUS RD. N.W.
City
Palm Bay **FL** Zip Code
32907

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25
Initial or Amended UBR**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P. WACKER, DAVID 1116 PEARL ST. DELAND, FL 32720</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>V LEVY, RICHARD 1634 EMMAUS RD. N.W. Palm Bay, FL 32907</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>S STORER, INGRID 43128 NATCHAZ ST. DELAND, FL, 32720</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>T LEVY, MARY ANN 1634 EMMAUS RD N.W. Palm Bay, FL 32907</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D KINKRAD, RICHARD 2292 WINDHAM DR. MALBOURNE, FL 32935</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D KINKRAD, ROXANNE 2292 WINDHAM DR. MALBOURNE, FL 32935</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

321.5448932689
3/23/02 321-725-3178

CR2E037B (12/01)

Attachment
N01000005785
20974

90-2
FITCH

NAME

STREET ADDRESS

CITY - ST - ZIP

D.

MODICA, MIKE

1500 INTERNATIONAL SPEEDWAY BLVD.

DREHEND, FL, 32724

Attachment
NO1000005785
20974

To Whom It May Concern:

This is a second submission of this form – I filled out and returned the one sent me by your office, with a check for the \$61, but I failed to enter the FEI number, your office returned the form to me asking that I fill in that information, unfortunately, I lost that copy. I called and ordered this copy. As I've already sent the check I am simply correctly filling this form out and returning it. I hope that is the proper procedure. I have applied for the FEI number, as indicated on this form.

Thank you.

Mary Ann Levy
1634 Emmaus Rd NW
Palm Bay, FL 32907
For Mission Africa