

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005785

Entity Name: MISSION AFRICA, INC.

FILED
Jan 05, 2004
Secretary of State

Current Principal Place of Business:

1220 KEITH
DELAND, FL 82720

New Principal Place of Business:

Current Mailing Address:

1220 KEITH
DELAND, FL 82720

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STORER, INGRID
1220 KEITH
DELAND, FL 32720 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: P () Delete
Name: WACKER, DAVE
Address: 1116 PEARL ST
City-St-Zip: DELAND, FL 32720

Title: V () Delete
Name: LEVY, RICHARD
Address: 1634 EMMAUS RD. NW
City-St-Zip: PALM BAY, FL 32907

Title: S () Delete
Name: STORER, INGRID
Address: 43128 NATCHEZ ST.
City-St-Zip: DELAND, FL 32720

Title: T () Delete
Name: LEVY, MARY ANN
Address: 1634 EMMAUS RD. NW
City-St-Zip: PALM BAY, FL 32907

Title: D () Delete
Name: KINKAID, RICHARD
Address: 2292 WINDHAM DR
City-St-Zip: MELBOURNE, FL 32935

Title: D () Delete
Name: KINKAID, ROXANNE
Address: 2292 WINDHAM DR
City-St-Zip: MELBOURNE, FL 32935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WALKER, DAVE
Address: 1116 PEARL ST
City-St-Zip: DELAND, FL 32720

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

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

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 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 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: INGRD E STORER

S

01/05/2004

Electronic Signature of Signing Officer or Director

Date