

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **N01000005785**

1. Entity Name

MISSION AFRICA, INC.



Principal Place of Business

1634 EMMAUS RD. NW
PALM BAY FL 32907

Mailing Address

1634 EMMAUS RD. NW
PALM BAY FL 32907

2. Principal Place of Business

1220 KEITH

3. Mailing Address

1220 KEITH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DELAUD, FL

City & State

DELAUD, FL

Zip

32720

Country

U.S.A.

Zip

32720

Country

U.S.A.

6. Name and Address of Current Registered Agent

LEVY, MARY A

1634 EMMAUS RD. NW
PALM BAY FL 32907

4. FEI Number **APPLIED FOR**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name **INGRID STORER**

Street Address (P.O. Box Number is Not Acceptable)

1220 KEITH

City

DELAUD

FL **32720**

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

8/23/03

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

CR2E037 (4/03)

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WACKER, DAVE 1116 PEARL ST DELAND FL 32720	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEVY, RICHARD 1634 EMMAUS RD. NW PALM BAY FL 32907	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STORER, INGRID 43128 NATCHEZ ST. DELAND FL 32720	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEVY, MARY ANN 1634 EMMAUS RD. NW PALM BAY FL 32907	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KINKAID, RICHARD 2292 WINDHAM DR MELBOURNE FL 32935	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KINKAID, ROXANNE 2292 WINDHAM DR MELBOURNE FL 32935	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/23/03 321-725-3778

Date

Daytime Phone #

Attachment

55056370

#10100005785

3. Executor, trustee, care of name
MARYANN LEVY

5a. Business address (if different from address on lines 4a and 4b)

Same

5b. City, state, and ZIP code

Same

6. County and state where principal business is located

Brevard, Florida

7. Name of principal officer, general partner, grantor, owner, or trustor-SSN or ITIN may be required (see instructions)

MARYANN LEVY SSN #261-78-8926

8a. Type of entity (Check only one box.) (See instructions)

Caution: If applicant is a limited liability company, see instructions for line 8a.

Sole Proprietor (SSN)

Partnership

REMIC

State/local government

Church or church-controlled organization

Other nonprofit organization (specify)

Other (specify)

Personal service corp.

National Guard

Farmers' cooperative

Estate (SSN of decedent)

Plan administrator (SSN)

Other corporation (specify)

Trust

Federal government/military

(enter GEN if applicable)

8b. If a corporation, name the state or foreign country (if applicable) where incorporated

State

FLORIDA

Foreign country

9. Reason for applying (Check only one box.) (See instructions)

Started new business (specify type)

8/13/01

Banking purpose (specify)

Changed type of organization (specify new type)

Purchased going business

Hired employees (Check the box and see line 12.)

Created a trust (specify type)

Created a pension plan (specify type)

Other (specify)

10. Date business started or acquired (mo., day, year) (see instructions.)

8/13/01

11. Closing month of accounting year (see instructions)

12-31

12. First date wages or annuities were paid or will be paid (mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (mo., day, year)

N/A

13. Enter highest number of employees expected in the next 12 months.

Note: If the applicant does not expect to have any employees during the period, enter 0.

Nonagricultural

0

Agricultural

0

Household

0

14. Principal activity (see instructions.)

CHURCH

15. Is the principal business activity manufacturing?

Yes

No

If "Yes," principal product and raw material used

16. To whom are most of the products or services sold? Please check one box.

Business (wholesale)

Public (retail)

Other (specify)

N/A

17a. Has the applicant ever applied for an employer ID number for this or any other business?

Yes

No

Note: If "Yes" please complete lines 17b and 17c.

17b. If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different than from line 1 or 2 above.

Legal name

Trade name

N/A

17c. Approximate date when and city and state where the application was filed. Enter previous employer ID number if known.

Approximate date when filed (mo., day, year)

City and state where filed

Previous EIN

N/A

Under penalty of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct,

and complete. MARY ANN LEVY: SUPPORT OF INDIGENOUS AFRICAN MISSIONARIES

Business telephone number (include area code)

321-725-3178

Fax telephone number (include area code)

Name and title (Please type or print clearly.)



Date: August 1, 2001

Signature

Note: Do not write below this line. For official use only.

Please leave

Geo.

Ind.

Class

Size

(ITA)

Reason for applying

For Paperwork Reduction Act Notice, see page 4.

Form SS-4 (Rev. 2-98)