

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

FILED
Sep 11, 2003 8:00 am
Secretary of State

08-27-2003 90081 031 ****61.25

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.

☒ CHECK HERE IF MAKING CHANGES

City & State

DELAND, FL

City & State

DELAND, FL

4. FEI Number **APPLIED FOR**

Applied For

Not Applicable

Zip **32720**

Country **VOLUSIA**

Zip **32720**

Country **VOLUSIA**

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LEVY, MARY-A
1634 EMMAUS RD. NW
PALM BAY FL 32907**

7. Name and Address of New Registered Agent

Name **INGRID STORER**
Street Address (P.O. Box Number is Not Acceptable)
1220 KEITH
City **DELAND** FL Zip Code **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

(NOTE: Registered Agent signature required when reinstating)

8/23/03
DATE

**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

TITLE **P** ☐ Delete
NAME **WACKER, DAVE**
STREET ADDRESS **1116 PEARL ST**
CITY-ST-ZIP **DELAND FL 32720**

TITLE **V** ☐ Delete
NAME **LEVY, RICHARD**
STREET ADDRESS **1634 EMMAUS RD. NW**
CITY-ST-ZIP **PALM BAY FL 32907**

TITLE **S** ☐ Delete
NAME **STORER, INGRID**
STREET ADDRESS **43128 NACHEZ ST.**
CITY-ST-ZIP **DELAND FL 32720**

TITLE **T** ☐ Delete
NAME **LEVY, MARY ANN**
STREET ADDRESS **1634 EMMAUS RD. NW**
CITY-ST-ZIP **PALM BAY FL 32907**

TITLE **D** ☐ Delete
NAME **KINKAID, RICHARD**
STREET ADDRESS **2292 WINDHAM DR**
CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE **D** ☐ Delete
NAME **KINKAID, ROXANNE**
STREET ADDRESS **2292 WINDHAM DR**
CITY-ST-ZIP **MELBOURNE FL 32935**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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)(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: **MARY ANN LEVY** 8/23/03 321-725-3178
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (4/03)

Attachment 55056370

2 Trade name of business (if different from name on line 1) #101000005785		Executor, trustee, or agent for another person Maryann Levy	
4a Mailing address (street address) (room, apt., or suite no.) 1634 Emmaus Rd. NW		5a Business address (if different from address on lines 4a and 4b) Same	
4b City, state, and ZIP code Palm Bay, FL 32907		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. <input type="checkbox"/> Sole Proprietor (SSN) <input type="checkbox"/> Partnership <input type="checkbox"/> REMIC <input type="checkbox"/> State/local government <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) <input checked="" type="checkbox"/> Other (specify) Non-Profit <input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Other corporation (specify) <input type="checkbox"/> Trust <input type="checkbox"/> 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) <input checked="" type="checkbox"/> Started new business (specify type) 8/13/01 <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Created a pension plan (specify type)		<input type="checkbox"/> Banking purpose (specify) <input type="checkbox"/> Changed type of organization (specify new type) <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) <input type="checkbox"/> 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) NA			
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? If "Yes," principal product and raw material used		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
16 To whom are most of the products or services sold? Please check one box. <input type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify)		<input type="checkbox"/> Business (wholesale) <input checked="" type="checkbox"/> N/A	
17a Has the applicant ever applied for an employer ID number for this or any other business? Note: If "Yes" please complete lines 17b and 17c.		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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 NA			
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) NA City and state where filed NA Previous EIN NA			
Under penalties 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.)			
Signature [Signature]		Date August 1, 2001	
Note: Do not write below this line. For official use only:			
Please leave blank	Geo.	Ind.	Class Size Reason for applying