2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005
Secretary of State

DOCUMENT# N02000001277

Entity Name: W.A.U. MISSION, INC.

Current Principal Place of Business:

4230 N. O.B.T.
ZELLWOOD, FL 32798

New Principal Place of Business:

Current Mailing Address:

P O BOX 182
ZELLWOOD, FL 32798

New Mailing Address:

FEI Number: 01-0592965 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRADFORD, VERONICA
573 SMOKEMONT CT.
APOPKA, FL 32712 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: PD ( ) Delete
Name: BRADFORD, HEZEKIAH JR
Address: 573 SMOKEMONT CT.
City-St-Zip: APOPKA, FL 32712

Title: SD ( ) Delete
Name: JONES, ANDREA
Address: 1891 S WASHINGTON AVE
City-St-Zip: APOPKA, FL 32703

Title: SD ( ) Delete
Name: BRADFORD, VERONICA
Address: 573 SMOKEMONT CT.
City-St-Zip: APOPKA, FL 32712

Title: VD ( ) Delete
Name: ROUSE, DERRICK SR
Address: 3420 VALEVIEW DR
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change ( ) Addition
Name: MOORE, ALISON
Address: 1891 S. WASHINGTON AVE
City-St-Zip: APOPKA, FL 32703

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: HEZEKIAH BRADFORD, JR. PD 04/19/2005

Electronic Signature of Signing Officer or Director — Date