

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

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-06-2003 90132 022 ****61.25

DOCUMENT # N02000001277

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



Principal Place of Business

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

Mailing Address

**P O BOX 182
ZELLWOOD FL 32798**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

01-059-2965

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WYNN-VELA
21 W 13TH ST
APOPKA FL 32703**

7. Name and Address of New Registered Agent

Name

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

VERONICA BRADFORD

21 W. 13TH ST.

City

Apopka

FL

Zip Code

32703

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

Veronica Bradford, **VERONICA BRADFORD**

2/28/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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	PD	<input type="checkbox"/> Delete
NAME	BRADFORD, HEZEKIAH JR	
STREET ADDRESS	21 W 13TH ST	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WYNN, VELMA	
STREET ADDRESS	P O BOX 38	
CITY-ST-ZIP	ZELLWOOD FL 32798	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	GRUBBS, JAMES	
STREET ADDRESS	P O BOX 551	
CITY-ST-ZIP	ZELLWOOD FL 32798	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDREA JONES	
STREET ADDRESS	1591 S. WASHINGTON AV.	
CITY-ST-ZIP	APOPKA, FL. 32703	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VERONICA BRADFORD	
STREET ADDRESS	21 W. 13TH ST	
CITY-ST-ZIP	APOPKA, FL. 32703	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DERRICK ROUSE SR	
STREET ADDRESS	3420 VALLEYVIEW DR.	
CITY-ST-ZIP	PLYMOUTH, FL. 32712	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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: *Hezekiah Bradford, Jr.*, **HEZEKIAH BRADFORD, JR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/03 (407) 886-6769

Date

Daytime Phone #

CR2E037 (10/02)