

# 2007. NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

APPROVED  
AND  
FILED

07 APR 24 PM 3:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Handwritten signature/initials*

DOCUMENT # N04000000347

1. Entity Name  
MISSION EARTH FOUNDATION, INC.



Principal Place of Business  
1435 PIEDMONT DR. E.  
#202-3  
TALLAHASSEE, FL 32308

Mailing Address  
1435 PIEDMONT DR. E.  
#202-3  
TALLAHASSEE, FL 32308

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04022007

Chg-NP

CR2E037 (12/06)

4. FEI Number  
01-0805077

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ANGERER, ROBERT J SR  
1435 PIEDMONT DR. E.  
SUITE 202-3  
TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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.

**800099198308**  
04/27/07--01002--006 \*\*61.25

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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 PTD ☐ Delete  
NAME ANGERER, ROBERT J SR  
STREET ADDRESS 7268 BLOUNTSTOWN HWY  
CITY-ST-ZIP TALLAHASSEE, FL 32310

TITLE SD ☐ Delete  
NAME ANGERER, JANETTE C  
STREET ADDRESS 7268 BLOUNTSTOWN HWY  
CITY-ST-ZIP TALLAHASSEE, FL 32310

TITLE VPD ☐ Delete  
NAME ANGERER, ROBERT J JR  
STREET ADDRESS 7268 BLOUNTSTOWN HWY  
CITY-ST-ZIP TALLAHASSEE, FL 32310

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PTD ☒ Change ☐ Addition  
NAME Angerer, Robert J. Sr.  
STREET ADDRESS 1435 Piedmont Drive E., Suite 202  
CITY-ST-ZIP Tallahassee, FL 32308

TITLE SD ☒ Change ☐ Addition  
NAME Angerer, Janette C.  
STREET ADDRESS 1435 Piedmont Drive E., Suite 202  
CITY-ST-ZIP Tallahassee, FL 32308

TITLE VPD ☒ Change ☐ Addition  
NAME Angerer, Robert J. Jr.  
STREET ADDRESS 1435 Piedmont Drive E., Suite 202  
CITY-ST-ZIP Tallahassee, FL 32308

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

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

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 exemptions contained in Chapter 119, 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:

*Robert J. Angerer, Sr.*

Robert J. Angerer, SR.

4/14/07

850-576-5982

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #