

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N04000001948**

1. Entity Name  
**REGINA MUNDI INC**



Principal Place of Business

**157 LAMSON ST  
JACKSONVILLE, FL 32211**

Mailing Address

**157 LAMSON ST  
JACKSONVILLE, FL 32211**



02042007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**80-0006056**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**EJIMOFOR, PRISCILLA  
157 LAMSON ST  
JACKSONVILLE, FL 32211**

**DO NOT WRITE  
IN THIS SPACE**

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

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
EJIMOFOR, PRISCILLA  
157 LAMSON ST  
JACKSONVILLE, FL 32211**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
EKE, PAULINE  
851 BERT RD.  
JACKSONVILLE, FL 32211**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
RAPHAEL, EBERE R  
600 EUGENIA ST.  
TALLAHASSEE, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
JONES, HILDA  
407 2 28TH ST.  
JACKSONVILLE, FL 32209**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ADMS  
JOHNSON, CORNELIA  
3810 N. DAVIS ST.  
JACKSONVILLE, FL 32209**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000649447  
03/07/07-80049-015 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:

*Priscilla Ejimofor*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-5-2007**

Date Daytime Phone #