


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90077 038 ****61.25

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|--|---|--|--|---|--|
| DOCUMENT # N06000011412 | | | |  | |
| 1. Entity Name PROJECT MISSION, INC. | | | | | |
| Principal Place of Business 1400 GRASSLANDS BLVD., #50 LAKELAND, FL 33803 | | | Mailing Address 1400 GRASSLANDS BLVD., #50 LAKELAND, FL 33803 | | |
| 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 | | Country | | Country | |
| 4. FEI Number APPLIED FOR | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent DANIEL MEDINA, P.A. 902 S. FLORIDA AVENUE LAKELAND, FL 33803 | | | 7. Name and Address of New Registered Agent Name: <u>Daniel Medina, P.A.</u> Street Address (P.O. Box Number is Not Acceptable): <u>902 South Florida Ave Ste 101</u> City: <u>Lakeland</u> <u>FL</u> Zip Code: <u>33803</u> | | |
| 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: <u>[Signature]</u> 3-5-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD MORELOCK, CURTIS 1400 GRASSLANDS BLVD. LAKELAND, FL 33803 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GREENLEE, JOYCE 2628 HOLLY PLACE LEESBURG, FL 34748 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TUCKER, MAXWELL 18845 ALMAR LANE DADE CITY, FL 33523 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SCHUH, RAYMOND 4528 ROUTE 436 DANSVILLE, NY 14437 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CANTON, KEITH 257 E. 10TH STREET, #2 NEW YORK, NY 10009 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PATE, TOMMY 964 SUMMERFIELD DRIVE LAKELAND, FL 33803 | <input type="checkbox"/> Delete | | | |
| 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: <u>[Signature]</u> 3-5-08 813-687-0701 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | |