

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 14, 2008  
Secretary of State**

DOCUMENT# N07000004481

Entity Name: MISSION OF RESCUE EVANGELISM INCORPORATED

**Current Principal Place of Business:**

310 W LAKE SUE AVE  
WINTER PARK, FL 32789

**New Principal Place of Business:**

**Current Mailing Address:**

310 W LAKE SUE AVE  
WINTER PARK, FL 32789

**New Mailing Address:**

FEI Number: 26-0219610      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHAFFAUT, CELESTE  
310 W LAKE SUE AVE  
WINTER PARK, FL 32789      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: P      ( ) Delete  
Name: PINEA, ALFONSO  
Address: 3111 WEST LYNDAL ST  
City-St-Zip: CHICAGO, IL 60647

Title: VS      ( ) Delete  
Name: CHAFFAUT, CELESTE  
Address: 310 W LAKE SUE AVE  
City-St-Zip: WINTER PARK, FL 32789

Title: T      ( ) Delete  
Name: TATAD, ANTHONY  
Address: 2646 PEPPER TREE WAY  
City-St-Zip: CARLSBAD, CA 92009

Title: D      ( ) Delete  
Name: SIEDLACZEK, PAULA  
Address: 2239 CORTE CICUTA  
City-St-Zip: CARLSBAD, CA 92009

Title: D      ( ) Delete  
Name: DIONELA, EMELIA M  
Address: 6400 BANNER COVE CT APT 13209  
City-St-Zip: ORLANDO, FL 32821

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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 exemption stated 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 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: CELESTE CHAFFAUT

VS

01/14/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date