

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004481

FILED
Apr 15, 2009
Secretary of State

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:

CHAFFAUT, CELESTE C
310 W LAKE SUE AVE
WINTER PARK, FL 32789 US

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: CELESTE C CHAFFAUT

04/15/2009

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: VS (X) Change () Addition
Name: CHAFFAUT, CELESTE C
Address: 310 W LAKE SUE AVE
City-St-Zip: WINTER PARK, FL 32789

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 C CHAFFAUT

VS

04/15/2009

Electronic Signature of Signing Officer or Director

Date