

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001686

FILED
Apr 09, 2009
Secretary of State

Entity Name: MISSION FELLOWSHIP, INC.

Current Principal Place of Business:

3115 PAN AMERICAN BOULEVARD
NORTH PORT, FL 34287

New Principal Place of Business:

Current Mailing Address:

3115 PAN AMERICAN BOULEVARD
NORTH PORT, FL 34287

New Mailing Address:

FEI Number: 26-1995799

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WALDRON, EUGENE E JR.
124 NORTH BREVARD AVENUE
ARCADIA, FL 34266 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: DAVID, RICARDO
Address: 3115 PAN AMERICAN BOULEVARD
City-St-Zip: NORTH PORT, FL 34287

Title: VP () Delete
Name: DAVID, URSULO
Address: 3115 PAN AMERICAN BOULEVARD
City-St-Zip: NORTH PORT, FL 34287

Title: ST () Delete
Name: DAVID, BRENDA
Address: 3115 PAN AMERICAN BOULEVARD
City-St-Zip: NORTH PORT, FL 34287

Title: () Delete
Name:
Address:
City-St-Zip:

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: D () Change (X) Addition
Name: RUSS, WESLEY H
Address: 3115 PAN AMERICAN BOULEVARD
City-St-Zip: NORTH PORT, FL 34287

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: URSULO DAVID

VP

04/09/2009

Electronic Signature of Signing Officer or Director

Date