

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21961

FILED
Apr 29, 2007
Secretary of State

Entity Name: MISSION FOR LIBERIA, INC.

Current Principal Place of Business:

P.O. BOX 52293
JACKSONVILLE, FL 32201

New Principal Place of Business:

1622 LESSARD CIR
JACKSONVILLE, FL 32208

Current Mailing Address:

P.O. BOX 52293
JACKSONVILLE, FL 32201

New Mailing Address:

FEI Number: 59-2847232 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KARR, NAPOLEON R.
1622 LESSARD CIRCLE
JACKSONVILLE, FL 32208 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: KARR, NAPOLEON R.,
Address: 1622 LESSARD CIRCLE
City-St-Zip: JACKSONVILLE, FL 32208

Title: VP () Delete
Name: RICH, MOLLY
Address: 70 S.E. 11TH STREET
City-St-Zip: BOCA RATON, FL 33407

Title: S () Delete
Name: KARR, KATHLEEN
Address: 1622 LESSARD CIRCLE
City-St-Zip: JACKSONVILLE, FL 32208

Title: BOD () Delete
Name: BOWENS, ANNIE
Address: 800 N.W. 200 TERR
City-St-Zip: MIAMI, FL 33169

Title: D () Delete
Name: BARTON, DE LOIS
Address: 359 NEW YORK AVENUE
City-St-Zip: BROOKLYN, NY 11213

Title: D () Delete
Name: BROWN, ELLIS
Address: 7173 RIDGEGLLEN COURT
City-St-Zip: JACKSONVILLE, FL 32216

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
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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: NAPOLEON R. KARR

P

04/29/2007

Electronic Signature of Signing Officer or Director

Date