

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90115 038 ****70.00

0033446

DOCUMENT # N46026

1. Entity Name

COMMUNITY MISSION, INC.

Principal Place of Business

1515 NW 62ND STREET
 MIAMI FL 33147
 US

Mailing Address

5572 SW 18TH ST
 WEST HOLLYWOOD FL 33023

AU042313



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0313198

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

TURNQUEST, DOROTHY
4630 SW 21ST STREET
WEST HOLLYWOOD FL 33023

7. Name and Address of New Registered Agent

Name **MONICA CARSWELL**

Street Address (P.O. Box Number is Not Acceptable)

5510 S.W. 18th ST.

City **WEST Hollywood**

FL

Zip Code

33023

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
 NAME **VICTOR, GAIL**
 STREET ADDRESS **5572 SW 18TH STREET**
 CITY-ST-ZIP **W. HOLLYWOOD FL 33023**

TITLE **T** ☐ Delete
 NAME **VICTOR, JEAN**
 STREET ADDRESS **5572 SW 18TH STREET**
 CITY-ST-ZIP **W. HOLLYWOOD FL 33023**

TITLE **S** ☒ Delete
 NAME **TURNQUEST, ELEANOR**
 STREET ADDRESS **5221 SW 21ST STREET**
 CITY-ST-ZIP **W. HOLLYWOOD FL 33023**

TITLE **D** ☐ Delete
 NAME **COLEBROOK, ALFRED O**
 STREET ADDRESS **4630 SW 21ST STREET**
 CITY-ST-ZIP **W. HOLLYWOOD FL 33023**

TITLE **D** ☐ Delete
 NAME **COLEBROOK, BERNARD**
 STREET ADDRESS **259 CHAPTANK RD**
 CITY-ST-ZIP **STAFFORD VA**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **Claudia Victor**
 STREET ADDRESS **5572 SW 18th ST**
 CITY-ST-ZIP **W. Hollywood FLA. 33023**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Claudia Victor/GAIL Victor

3/30/01

(954) 454-082

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)