


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N46026</b> 1. Entity Name COMMUNITY MISSION, INC.	
---	---

Principal Place of Business 520 NW 2ND AVE #5 HALLANDALE, FL 33009 US	Mailing Address 520 NW 2ND AVE #5 HALLANDALE, FL 33009 US
---	---

**DO NOT WRITE IN THIS SPACE**



04142004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0313198	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
CARSWELL, MONICA  
5510 SW 18TH STREET  
WEST HOLLYWOOD, FL 33023

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
Signature: typed or printed name of registered agent and title if applicable DATE

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	PD VICTOR, GAIL 5572 SW 18TH STREET W. HOLLYWOOD, FL 33023
TITLE NAME STREET ADDRESS CITY-ST- ZIP	T VICTOR, JEAN 5572 SW 18TH STREET W. HOLLYWOOD, FL 33023
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D COLEBROOK, ALFRED O 1608 PALMLAND DR BOYNTON BEACH, FL 334366028
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D COLEBROOK, BERNARD 259 CHAPTANK RD STAFFORD, VA
TITLE NAME STREET ADDRESS CITY-ST- ZIP	S VICTOR, CLAUDIA 5572 SW 18TH STREET W HOLLYWOOD, FL 33023
TITLE NAME STREET ADDRESS CITY-ST- ZIP	

000000137253  
04/29/04-80032-013 70.00

**DO NOT WRITE  
IN THIS SPACE**

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: Gail Victor / GAIL Victor president 4/19/04 9519/04 0826  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Phone