

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46026

FILED
Apr 29, 2007
Secretary of State

Entity Name: COMMUNITY MISSION, INC.

Current Principal Place of Business:

520 NW 2ND AVE #5
HALLANDALE, FL 33009 US

New Principal Place of Business:

Current Mailing Address:

520 NW 2ND AVE #5
HALLANDALE, FL 33009 US

New Mailing Address:

FEI Number: 65-0313198 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARSWELL, MONICA
5510 SW 18TH STREET
WEST HOLLYWOOD, FL 33023 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: PD () Delete
Name: VICTOR, GAIL
Address: 5572 SW 18TH STREET
City-St-Zip: W. HOLLYWOOD, FL 33023

Title: T () Delete
Name: VICTOR, JEAN
Address: 5572 SW 18TH STREET
City-St-Zip: W. HOLLYWOOD, FL 33023

Title: D () Delete
Name: COLEBROOK, ALFRED O
Address: 1608 PALMLAND DR
City-St-Zip: BOYNTON BEACH, FL 334366028 US

Title: D () Delete
Name: COLEBROOK, BERNARD
Address: 259 CHAPTANK RD
City-St-Zip: STAFFORD, VA US

Title: S () Delete
Name: VICTOR, CLAUDIA
Address: 5572 SW 18TH STREET
City-St-Zip: W HOLLYWOOD, FL 33023

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
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: CLAUDIA J VICTOR

TD

04/29/2007

Electronic Signature of Signing Officer or Director

Date