

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90227 002 ****61.25

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DOCUMENT # N49365

1. Corporation Name

MISSION UNITED, INC.

Principal Place of Business

1801 INTERNATIONAL SPEEDWAY BLVD.
DAYTONA BEACH FL 32114
US

Mailing Address

1801 W. INTERNATIONAL SPEEDWAY BLVD.
DAYTONA BEACH FL 32114
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/10/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3126788

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CROTTY, WILLIAM G.
1801 W. INTERNATIONAL SPEEDWAY
DAYTONA BEACH FL 32114

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **AZAMA EDWARDS, GWEN**
STREET ADDRESS **P.O. BOX 2451 N/A**
CITY-ST-ZIP **DAYTONA BEACH FL 32115-2451**

TITLE **D** ☐ DELETE

NAME **CROTTY, GARY**
STREET ADDRESS **1801 W. INTERNATIONAL SPEEDWAY**
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE **D** ☐ DELETE

NAME **MORRISSEY, SARA LEE**
STREET ADDRESS **200 N. CLARA AVENUE**
CITY-ST-ZIP **DELAND FL 32721-2118**

TITLE **D** ☐ DELETE

NAME **BUSH, LESLIE**
STREET ADDRESS **2025 S. ATLANTIC AVENUE**
CITY-ST-ZIP **DAYTONA BEACH FL**

TITLE **D** ☐ DELETE

NAME **THOMPSON, HERBERT**
STREET ADDRESS **1312 GOLFVIEW DRIVE**
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE **D** ☐ DELETE

NAME **SACKS, DAVID**
STREET ADDRESS **240 N. SEAGRAVE AVENUE**
CITY-ST-ZIP **DAYTONA BEACH FL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-21-99 904-947-6715

CR2E037 (1/98)