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FILED

Jun 06 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N93000005239 (9)

1. Corporation Name

MISSION FOR RECOVERY, INC.

Principal Place of Business

400 LAUREL DR  
MARGATE FL 33063

Mailing Address

400 LAUREL DR  
MARGATE FL 33063-5344



2. Principal Place of Business

21 400 LAUREL DR.

Suite, Apt. #, etc.

22 Pompano Bch FL

City & State

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Zip

24 33063

Country

25 Broward

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2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

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3. Date Incorporated or Qualified  
11/19/1993

3a. Date of Last Report  
05/01/1996

4. FEI Number  
65-0443641

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CARTER, YVONNE L  
961 SPRING CIR  
#203  
DEERFIELD BEACH FL 33441

10. Name and Address of New Registered Agent

81 Name SUZETTE FIPPS  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 4865 MC GILL STREET  
84 City BOYNTON BEACH FL 85 Zip Code 33436

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 SUZETTE FIPPS x Suzette Fipps 4/26/97

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME FIPPS, BUDDY  
STREET ADDRESS 400 LAUREL DRIVE  
CITY-ST-ZIP MARGATE FL 33063

TITLE STD ☐ DELETE

NAME FIPPS, JOYCE  
STREET ADDRESS 400 LAUREL DR  
CITY-ST-ZIP MARGATE FL 33063

TITLE VD ☒ DELETE

NAME CARTER, YVONNE L  
STREET ADDRESS 510 NE 38TH ST.  
CITY-ST-ZIP POMPAO BEACH FL 33064

TITLE VD ☐ DELETE

NAME SUZETTE FIPPS  
STREET ADDRESS 4865 MC GILL ST.  
CITY-ST-ZIP BOYNTON Bch, FLA

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE SUZETTE FIPPS 4/26/97

CR2E037 (9/96)