

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007164

FILED
Jul 15, 2004
Secretary of State**Entity Name:** MISSION: HAITI, INC.**Current Principal Place of Business:**921 GLEN ABBEY CIRCLE
WINTER SPRINGS, FL 32708**New Principal Place of Business:****Current Mailing Address:**921 GLEN ABBEY CIRCLE
WINTER SPRINGS, FL 32708**New Mailing Address:****FEI Number:** 59-3599396**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**FINK, GARY L
921 GLEN ABBEY CIR.
WINTER SPRINGS, FL 32708 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: FINK, GARY L
Address: 921 GLEN ABBEY CIRCLE
City-St-Zip: WINTER SPRINGS, FL 32708**Title:** VD () Delete
Name: SMITH, KAREN
Address: 750 NW 23RD LANE
City-St-Zip: OKEECHOBEE, FL 34972**Title:** TD () Delete
Name: ROENFELDT, HELEN
Address: 7601 S.W. 39TH STREET
City-St-Zip: DAVIE, FL 33328**Title:** SD () Delete
Name: BRINK, MARYBETH
Address: 8535 SNOWFLAKE DRIVE
City-St-Zip: ORLANDO, FL 32818**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: HELEN M. ROENFELDT

TD

07/15/2004

Electronic Signature of Signing Officer or Director

Date