

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006022

Entity Name: CHINA MISSION PROJECT-VARELLA, INC.**Current Principal Place of Business:**319 OLIVE AVE
PORT ST LUCIE, FL 34952**Current Mailing Address:**319 OLIVE AVE
PORT ST LUCIE, FL 34952 UN**FEI Number:** 74-3066316**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US*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**Officer/Director Detail :**

Title	PSTD
Name	VARELLA, FRANK JDR
Address	319 OLIVE AVE
City-State-Zip:	PORT ST LUCIE FL 34952

Title	VP
Name	VARELLA, DAVID JREV.
Address	801 LAKE SHORE DR APT 314
City-State-Zip:	WPB FL 33403-2924

Title	SEC
Name	VARELLA, SUSAN N
Address	801 LAKE SHORE DR APT 314
City-State-Zip:	WPB FL 33403-2924

Title	DIR
Name	MAHANES, KENNETH DR.
Address	2175 ALLEN CREEK RD.
City-State-Zip:	WPB FL 33411

Title	DIR
Name	SMITH, DEBORAH
Address	2906 FOREST LAWN DR #1
City-State-Zip:	BEAVERCREEK, OH OH 45431

I hereby 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 all other like empowered.

SIGNATURE: DR FRANK J VARELLA**PRESIDENT****01/24/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date