

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90045 039 ****61.25

DOCUMENT # F05000003721

1. Entity Name
MISSION LINK INTERNATIONAL, INC.



Principal Place of Business
**1675 AVON STREET EXT.
CHARLOTTESVILLE, VA 22902**

Mailing Address
**1675 AVON STREET EXT.
CHARLOTTESVILLE, VA 22902**

20024762



2. Principal Place of Business
1677 AVON STREET EXT.
Suite, Apt. #, etc.

3. Mailing Address
1677 AVON STREET EXT.
Suite, Apt. #, etc.

03242006 Chg-NP CR2E037 (11/05)

City & State
CHARLOTTESVILLE, VA

City & State
CHARLOTTESVILLE, VA

4. FEI Number
54-1939608

Applied For
Not Applicable

Zip
22902

Country
USA

Zip
22902

Country
USA

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

6. Name and Address of Current Registered Agent

**RECKAMP, LORRIE B
11305 SW MEADOWLARK CIRCLE
STUART, FL 34997-2731**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **LORRIE B. RECKAMP**

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

Lorrie B Reckamp

(NOTE: Registered Agent signature required when reinstating)

3.28.05

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **C** ☐ Delete
NAME **RECKAMP, LORRIE B**
STREET ADDRESS **11305 SW MEADOWLARK CIRCLE**
CITY-ST-ZIP **STUART, FL 349972731**

TITLE **VC** ☐ Delete
NAME **ENGLAND, LOUISE**
STREET ADDRESS **1669 SW WILDCAT TRAIL**
CITY-ST-ZIP **STUART, FL 34997**

TITLE **D** ☐ Delete
NAME **KISER, SANDRA A**
STREET ADDRESS **11166 SW MEADOWLARK CIRCLE**
CITY-ST-ZIP **STUART, FL 34997**

TITLE **D** ☐ Delete
NAME **GIOVANAZZI, JO ANN**
STREET ADDRESS **2616 NE LETITIA STREET**
CITY-ST-ZIP **JENSEN BEACH, FL 34957**

TITLE **T** ☐ Delete
NAME **DALTON, JEFF**
STREET ADDRESS **PO BOX 7672**
CITY-ST-ZIP **CHARLOTTESVILLE, VA 229067672**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lorrie B Reckamp / **LORRIE B. RECKAMP**

Date

3.28.05 (772) 288-4272

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #