

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2007 08:00 AM
Secretary of State

DOCUMENT # F05000003721

1. Entity Name
MISSION LINK INTERNATIONAL, INC.



Principal Place of Business
**1677 AVON STREET EXT D
CHARLOTTESVILLE, VA 22902**

Mailing Address
**1677 AVON STREET EXT D
CHARLOTTESVILLE, VA 22902**



03282007 No Chg-NP CR2E037 (4/06)

4. FEI Number
54-1939608

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5:00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	RECKAMP, LORRIE B
STREET ADDRESS	11305 SW MEADOWLARK CIRCLE
CITY-ST-ZIP	STUART, FL 349972731
TITLE	VC
NAME	ENGLAND, LOUISE
STREET ADDRESS	1669 SW WILDCAT TRAIL
CITY-ST-ZIP	STUART, FL 34997
TITLE	D
NAME	KISER, SANDRA A
STREET ADDRESS	11166 SW MEADOWLARK CIRCLE
CITY-ST-ZIP	STUART, FL 34997
TITLE	D
NAME	GIOVANAZZI, JO ANN
STREET ADDRESS	2616 NE LETITIA STREET
CITY-ST-ZIP	JENSEN BEACH, FL 34957
TITLE	T
NAME	DALTON, JEFF
STREET ADDRESS	PO BOX 7672
CITY-ST-ZIP	CHARLOTTESVILLE, VA 229067672
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000692026
04/13/07-80035-007-61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/2/07 (772) 288-4272