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Feb 13 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 # 737795 (5)

1. Corporation Name

MISSION-BY-THE-SEA, INC.

Principal Place of Business	Mailing Address
COUNTY RD 370 - #N28 ALLIGATOR POINT FL 32346 US	38 AUTUMN LANE PANACEA FL 32346-2501 US

3. Date Incorporated or Qualified: 01/11/1977
3a. Date of Last Report: 03/07/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 ROUTE 1 BOX 3424
Suite, Apt. #, etc.
27
City & State
28 PANACEA FL
Zip 29 32346-9717 Country 30 Franklin

4. FEI Number: 59-2173876 ☐ 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

MCNEELY, ED
P.O. BOX 295-STATE ROAD 346
SOPCHOPPY FL 32358

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MORTON, EARL		1.2 NAME		
STREET ADDRESS	RT. 1., BOX 3431		1.3 STREET ADDRESS		
CITY-ST-ZIP	PANACEA FL 32346		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SAENGER, AL		2.2 NAME		
STREET ADDRESS	ROUTE 1 BOX 3631		2.3 STREET ADDRESS		
CITY-ST-ZIP	PANACEA FL 32346		2.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MCGOWAN, S		3.2 NAME		
STREET ADDRESS	519 NORTH RIDE		3.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32303		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	MUNFORD, WALTER		4.2 NAME	McDARIS, BOB	
STREET ADDRESS	ROUTE 1, BOX 3356		4.3 STREET ADDRESS	1510 DOVE ROAD	
CITY-ST-ZIP	PANACEA FL		4.4 CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	KOPPERUD, ARLIS		5.2 NAME		
STREET ADDRESS	ROUTE 1 BOX 3630		5.3 STREET ADDRESS		
CITY-ST-ZIP	PANACEA FL		5.4 CITY-ST-ZIP		
TITLE	ST	☒ DELETE	6.1 TITLE	ST	☒ Change ☐ Addition
NAME	JONES, LAURA		6.2 NAME	PRICE, ANN	
STREET ADDRESS	38 AUTUMN LANE		6.3 STREET ADDRESS	ROUTE 1 BOX 3424	
CITY-ST-ZIP	PANACEA, FL 00000		6.4 CITY-ST-ZIP	PANACEA FL 32346	NA

CR2E037 (9/96)

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: Ann Price Secretary/Treasurer February 10, 1997 349-2717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Ann Price Date Daytime Phone #0000079