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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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	ROUTE 1. BOX 3424 PANACEA FL 32346-717 US

3. Date Incorporated or Qualified: 01/11/1977

4. FEI Number: 59-2173876 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 772 ALLIGATOR DRIVE	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 ALLIGATOR POINT FL
Zip / Country 24 / 25	Zip / Country 29 32346-9717 / 30

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MCNEELY, ED P.O. BOX 295-STATE ROAD 346 SOPCHOPPY FL 32358	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		1.4 CITY-ST-ZIP	ALLIGATOR POINT FL 32346	
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		2.4 CITY-ST-ZIP	ALLIGATOR POINT FL 32346	
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		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MCDARIS, BOB		4.2 NAME		
STREET ADDRESS	1510 DOVE ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CITY-ST-ZIP		
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	ALLIGATOR POINT FL 32346	
TITLE	ST	☐ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME	PRICE, ANN		6.2 NAME		
STREET ADDRESS	ROUTE 1, BOX 3424		6.3 STREET ADDRESS		
CITY-ST-ZIP	PANACEA FL		6.4 CITY-ST-ZIP	ALLIGATOR POINT FL 32346-9717	

CR2E037 (10/97)

14. I 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: _____ 349-2717