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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 737795

1. Corporation Name
MISSION-BY-THE-SEA, INC.

Principal Place of Business	Mailing Address
772 ALLIGATOR DR ALLIGATOR POINT FL 32346 US	ROUTE 1, BOX 3424 ALLIGATOR POINT FL 32346-9717 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26 28 CARNIVAL LANE	01/11/1977
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2173876 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 ALLIGATOR POINT FL	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 32346-5137 Country 30 FRANKLIN	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORTON, EARL RT. 1., BOX 3431 ALLIGATOR POINT FL 32346	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Vice Chairman RATCLIFFE, CHARLES 31 LEVY BAY ROAD PANACEA FL 32346	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SAENGER, AL ROUTE 1 BOX 3631 ALLIGATOR POINT FL 32346	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	saneger, al 676 ALLIGATOR DRIVE ALLIGATOR POINT FL 32346	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MCGOWAN, S 519 NORTH RIDE TALLAHASSEE FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCDARIS, BOB 1510 DOVE ROAD TALLAHASSEE FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	McDARIS, BOB 1001 AVENUE A CARRABELLE FL 32322	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KOPPERUD, ARLIS ROUTE 1 BOX 3630 ALLIGATOR POINT FL 32346	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	KOPPERUD, ARLIS 601 PINE STREET ALLIGATOR POINT FL 32346	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST PRICE, ANN ROUTE 1, BOX 3424 ALLIGATOR POINT FL 32346	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	ST PRICE, ANN 28 CARNIVAL LANE ALLIGATOR POINT FL 32346	☒ Change ☐ Addition

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Secretary/Treasurer 2/6/99 850.349.2717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #