

2002 UNIFORM BUSINESS REPORT (UBR)

2/6

FILED
Mar 29, 2002 8:00 am
Secretary of State

02-06-2002 90023 023 ****61.25

DOCUMENT # 737795
 1. Entity Name
MISSION-BY-THE-SEA, INC.

Principal Place of Business 772 ALLIGATOR DR ALLIGATOR POINT FL 32346 US	Mailing Address 28 CARNIVAL LANE ALLIGATOR POINT FL 32346-5137 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2173876	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: _____
 Street Address (P.O. Box Number is Not Acceptable)
12 FONTIGAN ROAD
SOPCHOPPY FL 32358
 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	VC	<input checked="" type="checkbox"/> Delete
NAME	RATCLIFFE, CHARLES	
STREET ADDRESS	LEVY BAY RD	
CITY-ST-ZIP	PANACEA FL 32346	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAENGER, AL	
STREET ADDRESS	676 ALLIGATOR DR	
CITY-ST-ZIP	ALLIGATOR POINT FL 32346	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MCGOWAN, S	
STREET ADDRESS	519 NORTH RIDE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCDARIS, BOB	
STREET ADDRESS	1001 AVE A	
CITY-ST-ZIP	CARRABELLE FL 32322	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOPPERUD, ARLIS	
STREET ADDRESS	601 PINE ST	
CITY-ST-ZIP	ALLIGATOR POINT FL 32346	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PRICE, ANN	
STREET ADDRESS	28 CARNIVAL LANE	
CITY-ST-ZIP	ALLIGATOR POINT FL 32346	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WYSE, BILL	
STREET ADDRESS	655 PINE STREET	
CITY-ST-ZIP	ALLIGATOR POINT FL 32346	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Ann Price
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANUARY 22, 2002 850-349-2717
 Date Daytime Phone #

CR2E037 (9/01)