2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2005 8:00 am
Secretary of State
02-08-2005 90006 035 ****61.25

DOCUMENT # 737795

1. Entity Name

MISSION-BY-THE-SEA, INC.

Principal Place of Business	Mailing Address
772 ALLIGATOR DR ALLIGATOR POINT FL 32346 US	28 CARNIVAL LANE ALLIGATOR POINT FL 32346-5137 US

1st MOORE CR2E037 (10/04)

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 ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCNEELY, ED 12 FONIGAN ROAD SOPCHOPPY FL 32358	Name Street Address (P.O. Box Number is Not Acceptable) 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. 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

FILE NOW: FEE IS $61.25
Due By May 1, 2005

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WYSE, BILL 655 PINE STREET ALLIGATOR POINT FL 32346	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROCK, RALPH 130 FLORIDA STREET CARRABELLE FL 32322	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VAIL, KEN 2239 SURF ROAD ALLIGATOR POINT FL 32346	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOBLE,GENE 2179 LOUISIANA AVENUE CARRABELLE FL 32322	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MCGOWAN, S 519 NORTH RIDE TALLAHASSEE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCDARIS, BOB 1001 AVE A CARRABELLE FL 32322	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KOPPERUD, ARLIS 601 PINE ST ALLIGATOR POINT FL 32346	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALSH, MARY 429 BUCKHORN CREEK ROAD SOPCHOPPY FL 32358	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST PRICE, ANN 28 CARNIVAL LANE ALLIGATOR POINT FL 32346	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 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 ANN PRICE 02/02/05 850-349-2717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #