2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2007 8:00 am
Secretary of State
02-14-2007 90055 019 ****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 (10/06)

2. Principal Place of Business - No P.O. Box #		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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2007

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 BROCK, RALPH 130 FLORIDA STREET CARRABELLE FL 32322	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D GOBLE, GENE 2179 OAK ST CARRABELLE FL 32322	☒ Delete	D GIBSON, JUANITA 1041 GULF SHORE BOULEVARD ALLIGATOR POINT FL 32346	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PD MCGOWAN, S 519 NORTH RIDE TALLAHASSEE FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D MCDARIS, BOB 1001 AVE A CARRABELLE FL 32322	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D WALSH, MARY 429 BUCKHORN CREEK ROAD SOPCHOPPY FL 32358	☒ Delete	D KIMBROUGH, BILL 1299 ANGUS MORRISON ALLIGATOR POINT FL 32346	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	ST PRICE, ANN 28 CARNIVAL LANE ALLIGATOR POINT FL 32346	☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 02/05/07 850-349-2717