

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 12, 2008 08:00 AM
Secretary of State

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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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State	City & State	4. FEI Number 59-2173876	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MCNEELY, ED 12 FONIGAN ROAD SOPCHOPPY FL 32358

7. Name and Address of New Registered Agent
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: For signed Agent signature, use red ink when registering)	DATE
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FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE	D ☐ Delete
NAME	BROCK, RALPH
STREET ADDRESS	130 FLORIDA STREET
CITY- ST- ZIP	CARRABELLE FL 32322
TITLE	D ☐ Delete
NAME	GIBSON, JUANITA
STREET ADDRESS	1041 GULF SHORE BLVD
CITY- ST- ZIP	ALLIGATOR POINT FL 32346
TITLE	PD ☐ Delete
NAME	MCGOWAN, S
STREET ADDRESS	519 NORTH RIDE
CITY- ST- ZIP	TALLAHASSEE FL
TITLE	D ☐ Delete
NAME	MCDARIS, BOB
STREET ADDRESS	1001 AVE A
CITY- ST- ZIP	CARRABELLE FL 32322
TITLE	D ☐ Delete
NAME	KIMBROUGH, BILL
STREET ADDRESS	1299 ANGUS MORRISON
CITY- ST- ZIP	ALLIGATOR POINT FL 32346
TITLE	ST ☐ 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	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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, TREASURER *Ann Price* 2/09/08 850-349-2717