2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# 737795

Entity Name: MISSION-BY-THE-SEA, INC.

Current Principal Place of Business:

772 ALLIGATOR DR
ALLIGATOR POINT, FL 32346 US

New Principal Place of Business:

Current Mailing Address:

28 CARNIVAL LANE
ALLIGATOR POINT, FL 323465137 US

New Mailing Address:

FEI Number: 59-2173876 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCNEELY, ED
12 FONIGAN ROAD
SOPCHOPPY, FL 32358 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	BROCK, RALPH	
Address:	130 FLORIDA STREET	
City-St-Zip:	CARRABELLE, FL 32322	
Title:	D	( ) Delete
Name:	GIBSON, JUANITA	
Address:	1041 GULF SHORE BLVD	
City-St-Zip:	ALLIGATOR POINT, FL 32346	
Title:	PD	( ) Delete
Name:	MCGOWAN, S,	
Address:	519 NORTH RIDE	
City-St-Zip:	TALLAHASSEE, FL	
Title:	D	( ) Delete
Name:	MCDARIS, BOB	
Address:	1001 AVE A	
City-St-Zip:	CARRABELLE, FL 32322	
Title:	D	( ) Delete
Name:	KIMBROUGH, BILL	
Address:	1299 ANGUS MORRISON	
City-St-Zip:	ALLIGATOR POINT, FL 32346	
Title:	ST	( ) Delete
Name:	PRICE, ANN	
Address:	28 CARNIVAL LANE	
City-St-Zip:	ALLIGATOR POINT, FL 32346	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	PD	(X) Change ( ) Addition
Name:	MCGOWAN, L R,	
Address:	519 NORTH RIDE	
City-St-Zip:	TALLAHASSEE, FL 32303	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANN PRICE ST 01/20/2009

Electronic Signature of Signing Officer or Director — Date