

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000001091

Entity Name: SENDMEMISSIONS, INC.**Current Principal Place of Business:**303 WEST MAIN STREET SUITE#3
WAUCHULA, FL 33873**Current Mailing Address:**303 WEST MAIN STREET
SUITE #3
WAUCHULA, FL 33873 US**FEI Number:** 45-4455369**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KENNETH B. EVERS, P.A.
424 W MAIN ST
WAUCHULA, FL 33873 US*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**Officer/Director Detail :**

Title	PRESIDENT
Name	DAVIS-SAMUELS, JAMIE
Address	3072 OAKS BEND
City-State-Zip:	BOWLING GREEN FL 33834

Title	DIRECTOR
Name	DAVIS, JAMES
Address	4326 W MAIN ST
City-State-Zip:	WAUCHULA FL 33873

Title	VP
Name	SARAH, IDSARDI
Address	812 HAWAIIAN DRIVE
City-State-Zip:	WAUCHULA FL 33873

Title	TREASURER
Name	BISHOP, TASHA
Address	303 WEST MAIN STREET SUITE#3
City-State-Zip:	WAUCHULA FL 33873

Title	DIRECTOR
Name	BAKER, HANK
Address	523 SOLONA LOOP
City-State-Zip:	PUNTA GORDA FL 33950

Title	DIRECTOR
Name	DIRUZZO, APRIL
Address	705 OAK FOREST DRIVE
City-State-Zip:	WAUCHULA FL 33873

Title	DIRECTOR, SECRETARY
Name	HARDEN, KRIS
Address	402 S CENTRAL AVE
City-State-Zip:	AVON PARK FL 33825

I hereby 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 all other like empowered.

SIGNATURE: JAMIE DAVIS-SAMUELS**PRESIDENT****04/10/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date