

**2016 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:**3072 OAKS BEND  
BOWLING GREEN, FL 33834**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	VP
Name	WARD, SHADOW
Address	424 S 11TH AVE
City-State-Zip:	WAUCHULA FL 33873

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

Title	DIRECTOR
Name	SANDERS, COOKIE
Address	698 CROSS CREEK LANE
City-State-Zip:	WAUCHULA FL 33873

Title	DIRECTOR
Name	BROMLEY, RON
Address	3251 CR 664
City-State-Zip:	BOWLING GREEN FL 33834

Title	TREASURER
Name	SCHEIPSMEIER, ERICA
Address	PO BOX 863
City-State-Zip:	BOWLING GREEN FL 33834

Title	SECRETARY
Name	HINES, LEAH
Address	397 AIRPORT ROAD
City-State-Zip:	WAUCHULA FL 33873

*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****03/29/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date