

2020 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 DIRECTOR
Name DAVIS, JAMES
Address 4326 W MAIN ST
City-State-Zip: WAUCHULA FL 33873

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

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

Title DIRECTOR
Name RON, HERRON
Address 3297 CR 664
City-State-Zip: BOWLING GREEN FL 33834

Title TREASURER
Name LEHMAN, TORI
Address 402 SOUTH KENTUCKY AVE
 SUITE 600
City-State-Zip: LAKELAND FL 33801

Title DIRECTOR
Name PLEGER, JOLEY
Address 637 POLK ROAD
City-State-Zip: WAUCHULA FL 33873

Title DIRECTOR
Name GILLISPIE, ALEXIS
Address 3113 MEDICAL WAY, APT 5
City-State-Zip: SEBRING FL 33870

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****07/09/2020**

Electronic Signature of Signing Officer/Director Detail

Date