

2022 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 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 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
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****04/12/2022**

Electronic Signature of Signing Officer/Director Detail

Date