

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000002663

Entity Name: MISION PENIEL, INC

Current Principal Place of Business:

5600 PEACE RIVER ROAD
NORTH PORT, FL 34287

Current Mailing Address:

5600 PEACE RIVER ROAD
NORTH PORT, FL 34287

FEI Number: 47-3118063

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHARPE, ALESIA
5600 PEACE RIVER ROAD
NORTH PORT, FL 34287 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 NEGLEY, CHARLES R
Address 9930 CALOOSA YACHT & RACQUET
 CLUB DR.
City-State-Zip: FORT MYERS FL 33919

Title VP
Name RODINO, PETE
Address 2502 AUGUSTA DRIVE
City-State-Zip: NAPLES FL 34109

Title TREASURER
Name PENICK, ALAN
Address 600 SAWGRASS BRIDGE ROAD
City-State-Zip: VENICE FL 34292

Title SECRETARY
Name FROST, MARY ELLEN
Address 15470-1 ADMIRALTY CIRCLE
City-State-Zip: NORTH FORT MYERS FL 33917

Title DIRECTOR
Name RIGGS, STEVE
Address 5122 SW 20TH AVENUE
City-State-Zip: CAPE CORAL FL 33914

Title DIRECTOR
Name SAWYER, DEANNE
Address 19001 WITTS END
City-State-Zip: ALVA FL 33920

Title DIRECTOR
Name KRAUT, JUDY
Address P.O. BOX 1864
City-State-Zip: VENICE FL 34284

Title DIRECTOR
Name BERGER, JAMES
Address 20613 CHARING CROSS CIRCLE
City-State-Zip: ESTERO FL 33928

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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: ALAN PENICK

TREASURER

04/23/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SAWYER, DEANNE
Address 19001 WITTS END
City-State-Zip: ALVA FL 33920

Title DIRECTOR
Name KRAUT, JUDY
Address P.O. BOX 1864
City-State-Zip: VENICE FL 34284

Title DIRECTOR
Name BERGER, JAMES
Address 20613 CHARING CROSS CIRCLE
City-State-Zip: ESTERO FL 33928