

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19000006943

Entity Name: GO BAHAMAS INTERNATIONAL MISSION, INC**Current Principal Place of Business:**25684 COUNTY ROAD 49
OBRIEN, FL 32071**Current Mailing Address:**25684 COUNTY ROAD 49
OBRIEN, FL 32071**FEI Number: 84-2361338****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ODEN, CHARLES D
5110 SW BIRLEY AVE
LAKE CITY, FL 32024 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	P
Name	FLETCHER, KEVIN
Address	25684 COUNTY ROAD 49
City-State-Zip:	OBRIEN FL 32071

Title	ST
Name	FLETCHER, SHELLY
Address	25684 COUNTY ROAD 49
City-State-Zip:	OBRIEN FL 32071

Title	D
Name	TOMPKINS, DALE
Address	1452 SE COUNTY ROAD 349
City-State-Zip:	LAKE CITY FL 32025

Title	VP
Name	JONES, BRYAN
Address	239 CIRCLE DRIVE E
City-State-Zip:	SAINT AUGUSTINE FL 32084

Title	D
Name	CARVER, DANIEL
Address	10623 US HWY 129
City-State-Zip:	LIVE OAK FL 32060

Title	DIRECTOR
Name	ODEN, CHARLES D
Address	5110 SW BIRLEY AVE
City-State-Zip:	LAKE CITY FL 32024

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: KEVIN R FLETCHER**PRESIDENT****02/15/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date