

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2006 8:00 am
Secretary of State

01-31-2006 90012 049 ****61.25

DOCUMENT # 737795

1. Entity Name

MISSION-BY-THE-SEA, INC.



Principal Place of Business

772 ALLIGATOR DR
ALLIGATOR POINT FL 32346
US

Mailing Address

28 CARNIVAL LANE
ALLIGATOR POINT FL 32346-5137
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2173876

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCNEELY, ED
12 FONIGAN ROAD
SOPCHOPPY FL 32358

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME BROCK, RALPH
STREET ADDRESS 130 FLORIDA STREET
CITY-ST-ZIP CARRABELLE FL 32322

TITLE D ☐ Delete
NAME GOBLE, GENE
STREET ADDRESS 2179 LOUISIANA AVENUE
CITY-ST-ZIP CARRABELLE FL 32322

TITLE PD ☐ Delete
NAME MCGOWAN, S
STREET ADDRESS 519 NORTH RIDE
CITY-ST-ZIP TALLAHASSEE FL

TITLE D ☐ Delete
NAME MCDARIS, BOB
STREET ADDRESS 1001 AVE A
CITY-ST-ZIP CARRABELLE FL 32322

TITLE D ☐ Delete
NAME WALSH, MARY
STREET ADDRESS 429 BUCKHORN CREEK ROAD
CITY-ST-ZIP SOPCHOPPY FL 32358

TITLE ST ☐ Delete
NAME PRICE, ANN
STREET ADDRESS 28 CARNIVAL LANE
CITY-ST-ZIP ALLIGATOR POINT FL 32346

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2179 OAK STREET
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ann Price

ANN PRICE

01/23/06

850-349-2717