

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F95000000820 (9)

1. Corporation Name

S.E.A. MISSION, INCORPORATED



Principal Place of Business

313 E. PALMETTO AVE.  
PENSACOLA FL 32507

Mailing Address

313 E. PALMETTO AVE.  
PENSACOLA FL 32507

3. Date Incorporated or Qualified

02/20/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1201 Wilson Avenue

25 1201 Wilson Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Pensacola, FL

28 Pensacola, FL

24 Zip

25 Country

29 Zip

30 Country

32507

U.S.A.

32507

U.S.A.

4. FEI Number

13-3038201

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SUMRALL, DENTON REV.  
313 E. PALMETTO AVE.  
PENSACOLA FL 32507

81 Name

SUMRALL, DENTON DR.

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

1201 Wilson Avenue

83

84 City

PENSACOLA

FL

85 Zip Code

32507

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

C

FUGETT, JOHN  
112 SHASTA RD.  
PENSACOLA FL 32507

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

D

Seagle, Cecil  
1230 Hendricks Ave.  
Jacksonville, FL 32207

☐ Change

☒ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

C

STEWART, DANIEL  
111 JACQUELYN WAY  
PENSACOLA FL 32505

☐ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

D

STEWART, DANIEL  
111 Jacquelyn Way  
PENSACOLA, FL 32505

☒ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DST

CALVERT, FINIS  
2627B CREIGHTON RD.  
PENSACOLA FL 32504

☐ DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

TURNER, PRINCE  
5010 DAUPHIN ISLAND PKWY.  
MOBILE AL 33605-9724

☐ DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P

SUMRALL, DENTON DR.  
313 E PALMETTO AVE  
PENSACOLA FL 32507

☐ DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

V

SUMRALL, CAROL  
313 E PALMETTO AVE  
PENSACOLA FL 32507

☐ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Dr. Denton Sumrall / DR. DENTON SUMRALL

Date

1/19/96 (904) 453-3354

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (12/95)