

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002897

FILED  
Feb 04, 2008  
Secretary of State

Entity Name: OVERLAND MISSIONS, INC.

## Current Principal Place of Business:

700 S COURTENAY PKWY  
MERRITT ISLAND, FL 32952 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 566  
CAPE CANAVERAL, FL 329200566 US

## New Mailing Address:

FEI Number: 59-3648501

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMETHURST, SHARON J  
700 S. COURTENAY PKWY  
MERRITT ISLAND, FL 32952 US

## Name and Address of New Registered Agent:

SMETHURST, SHARON J  
3445 S. ATLANTIC #300  
CAPE CANAVERAL, FL 32931 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: SHARON SMETHURST

02/04/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: SMETHURST, PHILIP  
Address: 700 S. COURTENAY PKWY  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: D ( ) Delete  
Name: SMETHURST, SHARON J  
Address: 700 S. COURTENAY PKWY  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: DV ( ) Delete  
Name: VAN ROOYEN, LEON DR  
Address: 16312 ARMSTRONG PL  
City-St-Zip: TAMPA, FL 33647

Title: D ( ) Delete  
Name: VAN ROOYEN, BRIDGET  
Address: 16312 ARMSTRONG PL  
City-St-Zip: TAMPA, FL 33647

Title: TD ( ) Delete  
Name: LEMAN, LESLIE  
Address: 9217 NORTH LAKE PKWY  
City-St-Zip: ORLANDO, FL 32827

Title: SD ( ) Delete  
Name: LEMAN, MARIANNA  
Address: 9217 NORTH LAKE PKWY  
City-St-Zip: ORLANDO, FL 32827

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: SMETHURST, PHILIP  
Address: 3445 S. ATLANTIC AVE #300  
City-St-Zip: COCOA BEACH, FL 32931

Title: D (X) Change ( ) Addition  
Name: SMETHURST, SHARON J  
Address: 3445 S. ATLANTIC AVE #300  
City-St-Zip: COCOA BEACH, FL 32931

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: LEMAN, LESLIE  
Address: 131 PORTSIDE AVE #105  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: SD (X) Change ( ) Addition  
Name: LEMAN, MARIANNA  
Address: 131 PORTSIDE AVE #105  
City-St-Zip: CAPE CANAVERAL, FL 32920

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SHARON SMETHURST

VP

02/04/2008

Electronic Signature of Signing Officer or Director

Date