2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2011
Secretary of State

DOCUMENT# N00000002897

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
3445 S. ATLANTIC #300
CAPE CANAVERAL, FL 32931 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

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

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

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

Title: D
Name: KEYES, CARL
Address: 48 MORRIS AVE
City-St-Zip: MANASQUAN, NJ 08736

Title: TD
Name: BRAMS, JEFFREY
Address: 477 CARAVELLE DR
City-St-Zip: JUPITER, FL 33458

Title: SD
Name: JEFFERSON, MARTIN
Address: PO BOX 566
City-St-Zip: CAPE CANAVERAL, FL 32920

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: PHILIP SMETHURST DP 02/16/2011

Electronic Signature of Signing Officer or Director Date