

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006358

FILED
Jul 06, 2006
Secretary of State

Entity Name: MISSIONS POSSIBLE, INC.

Current Principal Place of Business:

300 OAK AVE
NAPLES, FL 34108

New Principal Place of Business:

Current Mailing Address:

300 OAK AVE
NAPLES, FL 34108

New Mailing Address:

FEI Number: 35-2182394 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GROVE, ROBERT L
300 OAK AVE
NAPLES, FL 34108 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: D () Delete
Name: GROVE, ROBERT L
Address: 300 OAK AVE
City-St-Zip: NAPLES, FL 34108

Title: D () Delete
Name: GROVE, JUDITH
Address: 300 OAK AVE
City-St-Zip: NAPLES, FL 34108

Title: DT () Delete
Name: BILLINGS, GARY
Address: 160 VIA HAVARRE
City-St-Zip: MERRITT ISLAND, FL 32953

Title: D () Delete
Name: TRENUM, GARY
Address: 1534 KING RICHARD PKWY
City-St-Zip: MIAMISBURG, OH 45342

Title: D () Delete
Name: POWELL, DWIGHT
Address: 2644 RIVER REACH DR
City-St-Zip: NAPLES, FL 34104

Title: D () Delete
Name: POWELL, KATHIE
Address: 2644 RIVER REACH DR
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DT (X) Change () Addition
Name: GROVE, DERRICK
Address: 2422 BUTTERPALM
City-St-Zip: NAPLES, FL 34119

Title: D (X) Change () Addition
Name: CREVECOUER, PAUL
Address: 570 12TH N.E.
City-St-Zip: NAPLES, FL 34120

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JUDITH GROVE

_____ Electronic Signature of Signing Officer or Director

DIR

07/06/2006

_____ Date