

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006358

FILED  
Apr 20, 2009  
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 ( )

**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: GROVE, DERRICK  
Address: 2422 BUTTERPALM  
City-St-Zip: NAPLES, FL 34119

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

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

Title: D (X) Delete  
Name: AUDET, SHARON  
Address: 7201 APPLEBY 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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

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 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

D

04/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date