

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006358

FILED  
Jan 06, 2010  
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  
Name: GROVE, ROBERT L  
Address: 300 OAK AVE  
City-St-Zip: NAPLES, FL 34108

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

Title: DT  
Name: GROVE, DERRICK  
Address: 2422 BUTTERPALM  
City-St-Zip: NAPLES, FL 34119

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

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

Title: D  
Name: BUSH, CATHERINE  
Address: 1427 SAN MARCO BLVD  
City-St-Zip: NAPLES, FL 34104

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: JUDITH GROVE

D

01/06/2010

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

\_\_\_\_\_  
Date