

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008389

FILED
Aug 26, 2008
Secretary of State

Entity Name: THROUGH HIS EYES MISSION, INC.

Current Principal Place of Business:

SHASTA GRIMES
2003 SE DELAWARE CT
ARCADIA, FL 34266

New Principal Place of Business:

Current Mailing Address:

SHASTA GRIMES
2003 SE DELAWARE CT
ARCADIA, FL 34266

New Mailing Address:

FEI Number: 16-1695089 **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:

Name and Address of New Registered Agent:

GRIMES, SHASTA
2003 SE DELAWARE CT
ARCADIA, FL 34266 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GRIMES, SHASTA
Address: 2003 SE DELAWARE CT
City-St-Zip: ARCADIA, FL 34266

Title: V () Delete
Name: REMINGTON, CHARITY
Address: 338 BOEING STREET NW
City-St-Zip: LAKE PLACID, FL 33852

Title: T () Delete
Name: TUCKER, BRANDI
Address: 9604 SW HIGHWAY 72
City-St-Zip: ARCADIA, FL 34266

Title: S () Delete
Name: MARES, RENEE
Address: 1039 NE POLK AVE
City-St-Zip: ARCADIA, FL 34266

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:

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: SHASTA GRIMES

PRES

08/26/2008

Electronic Signature of Signing Officer or Director

Date