

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008905

FILED
Jan 16, 2009
Secretary of State

Entity Name: THE SANDWICH MISSION, INC.

Current Principal Place of Business:

5124 GRACEWOOD LN
ST AUGUSTINE, FL 32092

New Principal Place of Business:

Current Mailing Address:

PO BOX 2193
ST AUGUSTINE, FL 32085

New Mailing Address:

FEI Number: 20-5447624

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEINZ, MITCH
5124 GRACEWOOD LN
ST AUGUSTINE, FL 32092 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: P () Delete
Name: HEINZ, MITCH
Address: 5124 GRACEWOOD LN
City-St-Zip: ST AUGUSTINE, FL 32092

Title: V () Delete
Name: HIRKO, ANDY
Address: 907 ALICANTE RD
City-St-Zip: ST AUGUSTINE, FL 32086

Title: T () Delete
Name: LEMONS, CONLEY
Address: 9237 JULY LN
City-St-Zip: ST AUGUSTINE, FL 32080

Title: D () Delete
Name: PURTILL, ED
Address: 136 CARETTA CIR
City-St-Zip: ST AUGUSTINE, FL 32086

Title: S () Delete
Name: CHIBANA, PILAR
Address: 151 VENETIAN BLVD
City-St-Zip: ST AUGUSTINE, FL 32095

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: GUERNON, DON
Address: 725 CYPRESS CROSSING TRAIL
City-St-Zip: ST AUGUSTINE, FL 32095

Title: D (X) Change () Addition
Name: SLOAN, WILLIAM
Address: 269 PORTA ROSA CIRCLE
City-St-Zip: ST AUGUSTINE, FL 32092

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: MITCH HEINZ

P

01/16/2009

Electronic Signature of Signing Officer or Director

Date