

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008905

FILED  
Jan 05, 2011  
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  
Name: HEINZ, MITCH  
Address: 5124 GRACEWOOD LN  
City-St-Zip: ST AUGUSTINE, FL 32092

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

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

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

Title: S  
Name: SCHONING, CAROL  
Address: 227 WISTERIA RD  
City-St-Zip: ST AUGUSTINE, FL 32086

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: MITCH HEINZ

P

01/05/2011

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

\_\_\_\_\_  
Date