## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000010517

Entity Name: MISSION CONSOLATION, INC.

**FILED** May 01, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

9150 REMINGTON DRIVE 9150 REMINGTON DR.

NEW PORT RICHEY, FL 34655 NEW PORT RICHEY, FL 34655

**Current Mailing Address: New Mailing Address:** 

9150 REMINGTON DRIVE 8348 LITTLE RD

NEW PORT RICHEY, FL 34655 #156

NEW PORT RICHEY, FL 34654

FEI Number Applied For ( ) FEI Number Not Applicable (X) 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:

BAKER, REBECCA BAKER, REBECCA 9150 RÉMINGTON DRIVE 8348 LITTLE RD

NEW PORT RICHEY, FL 34655 US #156

NEW PORT RICHEY, FL 34654 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:

05/01/2009

Electronic Signature of Registered Agent

Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

## **OFFICERS AND DIRECTORS:**

(X) Change ( ) Addition

() Delete BAKER, REBECCA BAKER, REBECCA Name: Name: 9150 REMINGTON DRIVE Address: 9150 REMINGTON DRIVE Address: City-St-Zip: NEW PORT RICHEY, FL 34655 City-St-Zip: NEW PORT RICHEY, FL 34655

Title: ( ) Delete Title: (X) Change ( ) Addition MURPHY, MIKE Name: Name: MURPHY, MIKE

Address: 8310 LIMON DRIVE Address: 123 WEAVER KEEN RD City-St-Zip: NEW PORT RICHEY, FL 34653 City-St-Zip: CELINA, TN 38551 US

Title: () Delete Title: SECR (X) Change ( ) Addition BAKER, DOUG Name: ELIZABETH, MURPHY SEC.TRE Name: 6815 GREENFIELD LANE 123 WEAVER KEEN RD Address: Address: City-St-Zip: CUMMING, GA 300288124 City-St-Zip: CELINA, TN 38551 US

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: REBECCA BAKER **PRES** 05/01/2009