

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000577

FILED
Apr 15, 2008
Secretary of State

Entity Name: MISSION HOUSE, INC.

Current Principal Place of Business:

800 SHETTER AVENUE
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

Current Mailing Address:

800 SHETTER AVENUE
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

FEI Number: 59-3376704

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FREDERES-KJAR CAROL
427 THIRD ST N
JACKSONVILLE BEACH, FL 32250 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: PBO () Delete
Name: BURNAMAN, PHILLIP PRES
Address: 11 LA VISTA DRIVE
City-St-Zip: PONTE VERDA BEACH, FL 32082

Title: TBO () Delete
Name: BARRETT, CHARLYN TREAS
Address: 2120 OAK HAMMOCK DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: SBD () Delete
Name: CAHOON, JENNIFER SEC
Address: 3919 DUVAL DRIVE
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: BD () Delete
Name: PARIS, ROBIN
Address: 1640 SHEFFIELD COURT
City-St-Zip: JACKSONVILLE, FL 32225

Title: VPBD () Delete
Name: SHIELDS, JIM VP
Address: 530 LAMASTER DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: BD () Delete
Name: KELLY, WILLIAM
Address: 225 NORTH 5TH STREET
City-St-Zip: JACKSONVILLE BEACH, FL 32250

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PBO (X) Change () Addition
Name: SHIELDS, JAMES PRES
Address: 530 LAMASTER DRIVE
City-St-Zip: PONTE VERDA BEACH, FL 32082

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

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

Title: VPBD (X) Change () Addition
Name: HAYES, ROBERT
Address: 25005 MARSH LANDING PKWAY
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: BD (X) Change () Addition
Name: ADAMS, PAULINE
Address: 2017 DUNA VISTA COURT
City-St-Zip: ATLANTIC BEACH, FL 32233

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: JAMES SHIELDS

PBD

04/15/2008

Electronic Signature of Signing Officer or Director

Date