2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# N96000000577

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:	SHIELDS, JAMES PRES	
Address:	530 LAMASTER 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:	VPBD	( ) Delete
Name:	HAYES, ROBERT	
Address:	25005 MARSH LANDING PKWAY	
City-St-Zip:	PONTE VEDRA BEACH, FL 32082	
Title:	BD	( ) Delete
Name:	ADAMS, PAULINE	
Address:	2017 DUNA VISTA COURT	
City-St-Zip:	ATLANTIC BEACH, FL 32233	
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:	( ) 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:	
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: JAMES SHIELDS PRES 04/13/2009

Electronic Signature of Signing Officer or Director — Date