# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 23, 2009**
**Secretary of State**

DOCUMENT# N97000006295

**Entity Name:** FRIENDS OF THE MISSIONS, INC.

**Current Principal Place of Business:**

400 N. FLAGLER AVENUE
APT. 502
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

400 N. FLAGLER AVENUE
APT. 502
WEST PALM BEACH, FL 33401

**New Mailing Address:**

**FEI Number: 59-3484007** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHROEDER, MONICA R
400 N. FLAGLER AVENUE
APT. 502
WEST PALM BEACH, FL 33401 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: D ( ) Delete
Name: HEMSOTH, GREGORY C
Address: 2643 TACITO TRAIL
City-St-Zip: JACKSONVILLE, FL 32258

Title: D ( ) Delete
Name: ARBUTHNOT, JANET M
Address: 312 1ST STREET
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: STD ( ) Delete
Name: SCHROEDER, MONICA R
Address: 400 N. FLAGLER AVENUE, APT 502
City-St-Zip: WEST PALM BEACH, FL 33401

Title: PD ( ) Delete
Name: SCHROEDER, JACOB M
Address: 275 LOCUST FENCE ROAD
City-St-Zip: ST. HELENA ISLAND, SC 29920

**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:

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: JACOB SCHROEDER PRES 01/23/2009

Electronic Signature of Signing Officer or Director — Date