

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006295

FILED  
Mar 13, 2011  
Secretary of State

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  
Name: HEMSOTH, GREGORY C  
Address: 2643 TACITO TRAIL  
City-St-Zip: JACKSONVILLE, FL 32258

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

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

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

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: JACOB M. SCHROEDER

PRES

03/13/2011

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

\_\_\_\_\_  
Date