

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007693

Entity Name: FRIENDS OF MISSION SAN LUIS, INC.**Current Principal Place of Business:**2100 W TENNESSEE ST.
TALLAHASSEE, FL 32304**Current Mailing Address:**2100 W TENNESSEE ST.
TALLAHASSEE, FL 32304**FEI Number: 59-3753544****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BLOUNT, ROBERT S
2100 W TENNESSEE ST.
TALLAHASSEE, FL 32304 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DR.
Name	HILL, LOUIS
Address	5926 MILLER LANDING COVE
City-State-Zip:	TALLAHASSEE FL 32308

Title	MS.
Name	DOZIER, KELLY
Address	2101 E. RANDOLPH CIRCLE
City-State-Zip:	TALLAHASSEE FL 32308

Title	SECRETARY
Name	PRATHER, E. CHARLTON DR.
Address	2816 TERRY ROAD
City-State-Zip:	TALLAHASSEE FL 32312

Title	CHAIRMAN
Name	WILLIAMS, J. VERN
Address	1824 GOLF TERRACE DRIVE
City-State-Zip:	TALLAHASSEE FL 32301

Title	TREASURER
Name	MILLIGAN, ROBERT
Address	8950 WINGED FOOT DRIVE
City-State-Zip:	TALLAHASSEE FL 32312

Title	MS.
Name	BRYANT-MARTIN, CAROL
Address	1312 NANCY DRIVE
City-State-Zip:	TALLAHASSEE FL 32301

Title	MS.
Name	WACKSMAN, JAIMIE
Address	900 HILLCREST COURT
City-State-Zip:	TALLAHASSEE FL 32308

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: E. CHARLTON PRATHER**SECRETARY****02/25/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date