

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000001091

**Entity Name:** SENDMEMISSIONS, INC.

**Current Principal Place of Business:**

303 WEST MAIN STREET SUITE#3  
WAUCHULA, FL 33873

**FILED**  
**Jul 09, 2020**  
**Secretary of State**  
**6756470405CC**

**Current Mailing Address:**

3072 OAKS BEND  
BOWLING GREEN, FL 33834

**FEI Number: 45-4455369**

**Certificate of Status Desired: No**

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

KENNETH B. EVERS, P.A.  
424 W MAIN ST  
WAUCHULA, FL 33873 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            PRESIDENT  
Name            DAVIS-SAMUELS, JAMIE  
Address        3072 OAKS BEND  
City-State-Zip: BOWLING GREEN FL 33834

Title            DIRECTOR  
Name            DAVIS, JAMES  
Address        4326 W MAIN ST  
City-State-Zip: WAUCHULA FL 33873

Title            SECRETARY  
Name            HINES, LEAH  
Address        397 AIRPORT ROAD  
City-State-Zip: WAUCHULA FL 33873

Title            VP  
Name            SARAH, IDSARDI  
Address        812 HAWAIIAN DRIVE  
City-State-Zip: WAUCHULA FL 33873

Title            DIRECTOR  
Name            RON, HERRON  
Address        3297 CR 664  
City-State-Zip: BOWLING GREEN FL 33834

Title            TREASURER  
Name            LEHMAN, TORI  
Address        402 SOUTH KENTUCKY AVE  
                 SUITE 600  
City-State-Zip: LAKELAND FL 33801

Title            DIRECTOR  
Name            PLEGER, JOLEY  
Address        637 POLK ROAD  
City-State-Zip: WAUCHULA FL 33873

Title            DIRECTOR  
Name            GILLISPIE, ALEXIS  
Address        3113 MEDICAL WAY, APT 5  
City-State-Zip: SEBRING FL 33870

*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: JAMIE DAVIS-SAMUELS**

**PRESIDENT**

**07/09/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date