

**2022 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

**Current Mailing Address:**

303 WEST MAIN STREET  
SUITE #3  
WAUCHULA, FL 33873 US

**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           TREASURER  
Name           BISHOP, TASHA  
Address        303 WEST MAIN STREET SUITE#3  
City-State-Zip: WAUCHULA FL 33873

Title           DIRECTOR  
Name           BAKER, HANK  
Address        523 SOLONA LOOP  
City-State-Zip: PUNTA GORDA FL 33950

Title           DIRECTOR  
Name           DIRUZZO, APRIL  
Address        705 OAK FOREST DRIVE  
City-State-Zip: WAUCHULA FL 33873

Title           DIRECTOR  
Name           HARDEN, KRIS  
Address        402 S CENTRAL AVE  
City-State-Zip: AVON PARK FL 33825

*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**

**04/12/2022**

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

\_\_\_\_\_  
Date