SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT **CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

(4)

PRISON AND MISSION OUTREACH, INC.

FILED Sep 18 1997 8:00am Secretary of State



Principal Place of Business Mailing Address)	/I W IBIT BII	Tit minet idal
3705 GLENOAK		3705 GLENOAK DR. S							
LAKELAND FL 3	3809	LAKELAND FL 33809			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualified 11/16/1976	3a. Date 0	f Last R 25/19 8	
	lace of Business	2a. Mailing Address				4. FEI Number 50-1619007	EQ 404007		
21 Culta Ant	4 alo	Suite, Apt. #, etc.			— \$8.75 Additional				
Sulte, Apt.	π, etc.	27			5. Certificate of Status Desired	□ *	Fee Re		
City & State		City & State			6. Election Campaign Financing		\$5.00	May Be	
23		28			Trust Fund Contribution		Added		
Zip	Country	Zip	\vdash	untry		8. This corporation owes or has pa		_	1
24 338/	p Name and Address of Curren	29 338/o	30	1		Personal Property Tax due June 10. Name and Address of New Re			J No
-	S. Hallo site Addisso of Collect	i ilogiotorea Agent		81 N	ame	10.		···	
CHAPMAN, THOMAS L.				82 S	root Addr	ess (P.O. Box Number is Not Acceptab	lo\		
3705 GLENOAK DR.S.				02 5	reet Addre	ess (P.O. Box Number is Not Acceptat	110)		
LAKELAND FL 33809				83					
			84 C	ity	· · · · · · · · · · · · · · · · · · ·	8	5 Zip	Code	
		0 1047 4500 Florida Olah					FL		
office or ragent. I a	to the provisions of Sections 617.050. egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 617.1508, Florida Statu of Florida. Such change was ations of, Section 617.0503, Fl	tes, me a authorize Iorida Sta	d by the tutes.	corporati	oration submits this statement for the pion's board of directors. I hereby accept	ot the appoint	nent as	registered
SIGNATURE .	Signature, typed or printed name of registered age	nt and title if eonirable /NO	TF Ranielara	d Aneni si	natura renuire	ed when reinstating)	DATE		
12.	OFFICERS AND	** *****	13.	o regeni bij	, maioro rodone	ADDITIONS/CHANGES TO OFFIC		RECTOF	S IN 12
TITLE	DP	DELETE	1.1 T	ITLE				Change	Addition
NAME	CHAPMAN, THOMAS L.		1.2 N	IAME					
STREET ADDRESS	3705? GLEN OAK DR S.		1.3 STREET ADDRESS		ress				
CITY-ST-ZIP	<u>Lakeland</u> FL			1.4 CITY-ST-ZIP					
TITLE	D	☐ DELETE	2.1 T				ഥ	Change	Addition
NAME	LEE, DAVID			2.2 NAME					
STREET ADDRESS	P. O. BOX 54 NA PLANT CITY FL			2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP					
CITY-ST-ZIP TITLE	S S	DELETE DELETE			P		———	Change	Addition
NAME	CHAPMAN, JUDIE			3.1 TITLE 3.2 NAME				0.14.195	
STREET ADDRESS	3705 GLEN OAK DR S.			TREET ADD	RESS				
CITY-ST-ZIP	LAKELAND FL			CITY-ST-Z					
TITLE	D	DELETE	4.1 Ti					Change	Addition A
NAME	CHAPMAN, JUDIE		4.21	NAME	-				
STREET ADDRESS	3705 GLEN OAK DR S		4.3 S	TREET ADD	ress				
CITY-ST-ZIP	LAKELAND FL		4.4 C	(TY-ST-ZI	>				
TITLE		☐ DELETE	5.1 Ti	ITLE				Change	☐ <i>A</i> ddition
NAME			5.2 N	IAME					•
STREET ADDRESS			535	TREET ADD	ress				
CITY-ST-ZIP		1 60,000	_	ITY-ST-ZI	<u> </u>			Chacas	1,225,2
TITLE		DELETE		ITLE .	- 1			Change	Addition
NAME	1			IAME					
STREET ADDRESS				TREET ADD					
CITY-ST-ZIP	y certify that the information supplied	d with this filing does not qual		ITY-ST-ZI		in Section 119.07(3)(i). Florida Statute	s. I further cer	tify that	the

Information indicated on this annual report or suppliemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

941-858-2758