


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Sep 16, 1999 8:00 am**  
**Secretary of State**

09-16-1999 90007 016 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 737300</b> ✓					
1. Corporation Name <b>PRISON AND MISSION OUTREACH, INC.</b>					
Principal Place of Business 3705 GLENAAK DR S LAKELAND FL 33810 US			Mailing Address 3705 GLENAAK DR S LAKELAND FL 33810 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc. 22 3705 Glenoak Dr. S.		26 3705 Glenoak Dr. S.		11/16/1976	
23 City & State Lakeland FL		27 City & State Lakeland FL		4. FEI Number 59-1618007	
24 Zip 33810		29 Zip 33810		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 Country POLK		30 Country POLK		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
CHAPMAN, THOMAS L. 3705 GLENOAK DR.S. LAKELAND FL 33809			81 Name Thomas L. Chapman 82 Street Address (P.O. Box Number is Not Acceptable) 3705 Glenoak Dr. S. 83 84 City Lakeland FL FL 85 Zip Code 33810		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	DP	<input type="checkbox"/> DELETE			
NAME	CHAPMAN, THOMAS L.				
STREET ADDRESS	3705? GLEN OAK DR S.				
CITY-ST-ZIP	LAKELAND FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	LEE, DAVID				
STREET ADDRESS	P. O. BOX 54 NA				
CITY-ST-ZIP	PLANT CITY FL				
TITLE	S	<input type="checkbox"/> DELETE			
NAME	CHAPMAN, JUDIE				
STREET ADDRESS	3705 GLEN OAK DR S.				
CITY-ST-ZIP	LAKELAND FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	CHAPMAN, JUDIE				
STREET ADDRESS	3705 GLEN OAK DR S				
CITY-ST-ZIP	LAKELAND FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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, with all other like empowered.

SIGNATURE: Rev. Thomas L. Chapman  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-7-99

Date

Daytime Phone #

CR2E037 (5/99)