

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N11662** (6)

1. Corporation Name
OUTPOST MISSION, INC.



Principal Place of Business: **311 ELLINGTON STREET C/O DONALD T. CLARKE, SR. PORT CHARLOTTE FL 33593**
Mailing Address: **311 ELLINGTON STREET C/O DONALD T. CLARKE, SR. PORT CHARLOTTE FL 33593**

3. Date Incorporated or Qualified: **10/01/1985**
3a. Date of Last Report: **01/26/1995**

21	2. Principal Place of Business	2a	Mailing Address	4	FEI Number 59-2605270	Applied For
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5	Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	27	City & State	6	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	28	Zip	8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Country	29	Country			
		30				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CLARKE, DONALD T, SR 311 ELLINGTON ST PORT CHARLOTTE FL 33593				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CLARKE, DONALD T			1.2 NAME			
STREET ADDRESS	311 ELLINGTON ST			1.3 STREET ADDRESS			
CITY-ST-ZIP	PORT CHARLOTTE FL			1.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CLARKE, FAY L			2.2 NAME			
STREET ADDRESS	311 ELLINGTON ST			2.3 STREET ADDRESS			
CITY-ST-ZIP	PORT CHARLOTTE FL			2.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FIKE, CAROLINE			3.2 NAME			
STREET ADDRESS	183 S CHRISTMAS RD.			3.3 STREET ADDRESS			
CITY-ST-ZIP	CHRISTMAS FL			3.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BATDORF, KURVIN			4.2 NAME			
STREET ADDRESS	POTTSVILLE STREEET			4.3 STREET ADDRESS			
CITY-ST-ZIP	HERNDON PA			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Fay L. Clarke, Fay L. Clarke, treas. Date: 1-19-96 Daytime Phone #: 941-627-4591

CR2E037 (12/95)