

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Jan 06, 2005  
Secretary of State

DOCUMENT# N11662

Entity Name: OUTPOST MISSION, INC.

**Current Principal Place of Business:**

11922 S.E. COUNTY RD 763  
C/O DONALD T. CLARKE, SR.  
ARCADIA, FL 34266

**New Principal Place of Business:**

**Current Mailing Address:**

11922 S.E. COUNTY RD 763  
C/O DONALD T. CLARKE, SR.  
ARCADIA, FL 34266

**New Mailing Address:**

FEI Number: 59-2605270      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CLARKE, DONALD T, SR  
11922 S.E. COUNTY RD 763  
ARCADIA, FL 34266      US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: CLARKE, DONALD T,  
Address: 11922 S.E. COUNTY RD 763  
City-St-Zip: ARCADIA, FL 34266

Title: TD      ( ) Delete  
Name: CLARKE, FAY L,  
Address: 11922 S.E. COUNTY RD 763  
City-St-Zip: ARCADIA, FL 34266

Title: ES      ( ) Delete  
Name: WALSH, BOB  
Address: 2100 KINGS HWY #261  
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: VD      ( ) Delete  
Name: BATDORF, KURVIN,  
Address: POTTSVILLE STREEET  
City-St-Zip: HERNDON, PA

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: FAY L. CLARKE

TD

01/06/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date