

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11662

FILED
Jan 04, 2006
Secretary of State

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: VD (X) Change () Addition
Name: BATDORF, KURVIN,
Address: POTTSVILLE STREEET
City-St-Zip: HERNDON, PA 17830

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

01/04/2006

Electronic Signature of Signing Officer or Director

_____ Date