

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11662

FILED  
Apr 13, 2011  
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 PD  
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  
Name: CLARKE, DONALD T  
Address: 11922 S.E. COUNTY RD 763  
City-St-Zip: ARCADIA, FL 34266

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

Title: ES  
Name: HEWITT, ROY  
Address: 3452 SANTA CLARA DR  
City-St-Zip: PUNTA GORDA, FL 33983

Title: VD  
Name: CLARKE, MARK E.  
Address: 10549 SE MEHL AVE  
City-St-Zip: ARCADIA, FL 34266

I hereby 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 all other like empowered.

SIGNATURE: FAY L. CLARKE

TD

04/13/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date