

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 # **N39616** (0)

1. Corporation Name
CHURCH MISSION OUTREACH, INC.



Principal Place of Business: % WHITSON & WHITSON PA, 615 S. MYRTLE AVE, CLEARWATER FL 34616 US
Mailing Address: C/O WHITSON & WHITSON P.A., 615 S MYRTLE AVE, CLEARWATER FL 34616 US

3. Date Incorporated or Qualified: 08/20/1990
3a. Date of Last Report: 02/24/1995
4. FEI Number: 59-3035763
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent
**WHITSON & WHITSON PA
615 S. MYRTLE AVE.
CLEARWATER FL 34616**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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	PTD	<input type="checkbox"/> DELETE
NAME	PEACE, RICHARD E	
STREET ADDRESS	6197 IVY HILL LN	
CITY-ST-ZIP	BROOKSVILLE FL 34602	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	PEACE, BONNADELL	
STREET ADDRESS	6197 IVY HILL LN	
CITY-ST-ZIP	BROOKSVILLE FL 34602	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PEACE, DONALD E	
STREET ADDRESS	814 FLORIDA AVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DERRYBERRY, THOMAS REV	
STREET ADDRESS	1532 HOWELL RD	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MINTON, NORRIS, REV	
STREET ADDRESS	27015 ROPER RD	
CITY-ST-ZIP	BROOKSVILLE FL 34602	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WYNKOOP, DOROTHY MS.	
STREET ADDRESS	6468 ASHMONT RD	
CITY-ST-ZIP	BROOKSVILLE FL 34602	

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 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: Richard E. Peace Richard E. Peace Box 3/1/96 352-799-5522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)