FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE:

DOCU 1. Corporation	MENT # N3961	6 (0)							
CHUR	CH MISSION OUTREACH, I	NC.							
Principal Place	e of Business	Mailing Address					. .		
% WHITSON & WHITSON PA C/O WHITSON & WH			TOOM DA						
615 S. MYRTLE AVE. 615 S MYRTLE AV			ISUN P.A.						
CLEARWATER FL 34616 US US CLEARWATER FL 34616 US US			16			Date Incorporated or Qualified	3a D	ate of Last	t Danart
		00				08/20/1990	Ja . <i>De</i>	02/24/1	1995
2. Principal P	lace of Business	2a. Mailing Address	— · ·			4. FEI Number 59-3035763			Applied For
Suite, Apt.	#, etc.	Suite. Apt. #. etc	Suite, Apt. #, etc.			39'3033703			Not Applicable
22		27	<u> </u>			5. Certificate of Status Desired		•	5 Additional Required
City & Stat	е	City & State				6. Election Campaign Financing			OO May Be
23 Zip	Country	28 	Zip Country			Trust Fund Contribution		Adde	ed to Fees
24	25	29	30	ury		8. This corporation has liability for i	ntangible ta 🗍 Yes 🔀		, 199.032,
	9. Name and Address of Curre		1441			10. Name and Address of New R			
114.4750	M. A 144 1770.044 m.		8	B1	Name				
WHITSON & WHITSON PA 615 S. MYRTLE AVE.				82	Street Addr	ess (P.O. Box Number is Not Acceptab	e)		
CLEARWATER FL 34616			5	33					
VED ((1))	MILNIE OTOTO								
					City		FL		ip Code
11. Pursuant or register	to the provisions of Sections 617.0502	2 and 617,1508, Florida Statu	tes, the above	е-па	med corpora	ation submits this statement for the pur d of directors. I hereby accept the appo		nging its	registered office
familiar wi	ith, and accept the obligations of, Seci	tion 617,0503, Florida Statute	zed by the co s.	NE	ration s board	d of directors. I hereby accept the appo	intment as	registered	i agent. I am
SIGNATURE	Signature, typed or printed name of registered agent) and all if a state of							
12.		ID DIRECTORS	OTE: Registered A	gent s	signature required	when reinstatings ADDITIONS/CHANGES TO OFFI	DATÉ CERS AND	DIBECTO	ORS IN 12
TITLE	PTD	DELETE	1.1 TiTL	E	- T			Change	Addition
NAME	PEACE, RICHARD E		1,2 NAM	16			-		
STREET ADDRESS	6197 IVY HILL LN BROOKSVILLE FL		1.3 STR	EET AI	DDRESS				
CITY-ST-ZIP TITLE	VSD 3	y 6 o 2. □DELETE	1.4 CITY		ZIP			-	
NAME	PEACE, BONNADELL			2.1 TITLE 2.2 NAME			L	Change	Addition
STREET ADDRESS	6197 IVY HILL LN		2.2 (AAW		DORESS				
CITY - \$T - ZIP	BROOKSVILLE FL 34601			2 4 CHY-ST-ZIP					
THILE	<u> </u>	D DELETE		3 1 TITLE				Change	Addition
NAME	PEACE, DONALD E 814 FLORIDA AVE		3 2 NAM						
STREET ADDRESS CITY-ST-ZIP	1 7	34653	3.3 STRE						
TITLE	D	DELETE	3.4 CITY TE 4.1 TITLE		ZIP			Change	☐ Addition
NAME	DERRYBERRY, THOMAS REV		4. 2 NAM					_ onange	Addition
STREET ADDRESS	1532 HOWELL RD		4.3 STRE	ET AD	ODRESS				
CITY-ST-ZIP		34601	4.4 CITY	- ST-	ZIP				
TITLE	D NAME OF STREET	DELETE	5.1 TITLE				Ľ	Change	Addition Addition
NAME STREET ADDRESS	MINTON, NORRIS, REV 27015 ROPER RD		52 NAM						
CITY-ST-ZIP		460 R	53 STRE						
TITLE	D	DELETE	5.4 CITY 6.1 TITLE		ZIF .		Г.	Change	Addition
NAME	WYNKOOP, DOROTHY MS.	_	6.2 NAMI		İ		_	_ onlingo	
STREET ADDRESS	6468 ASHMONT RD		6 3 STRE	ET AD	DDRESS				
CITY-ST-ZIP		YGO R	6.4 CITY	- ST - Z	ZIP				
						r the exemption stated in Section 119.0 e and that my signature shall have the s			
	I am an officer or director of the corpo Block 12 o r Block 18 if changed, or c			d to	execute this	e and that my signature shall have the s report as required by Chapter 617, Flo	ida Statute	s; and tha	at my name
	(1) (1		_						

tichal Teau Pichard F. Peace Res 3/1/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 312 - 795 - 5522 Dayline Phone *