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FILED
Mar 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34616-5615 US
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3. Date Incorporated or Qualified 08/20/1990	3a. Date of Last Report 03/07/1996
4. FEI Number 59-3035763	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Signature, typed or printed name of registered agent and title if applicable.

(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	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	PEACE, BONNADELL	
STREET ADDRESS	6197 IVY HILL LN	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PEACE, DONALD E	
STREET ADDRESS	814 FLORIDA AVE	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DERRYBERRY, THOMAS REV	
STREET ADDRESS	1532 HOWELL RD	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MINTON, NORRIS, REV	
STREET ADDRESS	27015 ROPER RD	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WYNKOOP, DOROTHY MS.	
STREET ADDRESS	6488 ASHMONT RD	
CITY-ST-ZIP	BROOKSVILLE FL	

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	900N Broadst #4309
1.4 CITY-ST-ZIP	Brooksville FL 34601
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	900N Broadst #4309
2.4 CITY-ST-ZIP	Brooksville FL 34601
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	6335 Florida ave
3.4 CITY-ST-ZIP	34653
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	34601
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	34602
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	34602

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* 3/14/97

CR2E037 (9/96)