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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

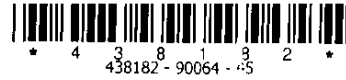
DOCUMENT # N97000006956

1. Corporation Name

MISSION: POSSIBLE OF LAKE LAND, INC.

Principal Place of Business
412 MASSACHUSETTS AVE. N.
LAKE LAND FL 33846

Mailing Address
P. O. BOX 1209
HIGHLAND CITY FL 33843



2. Principal Place of Business

21 700 N. Tennessee Ave
 Suite, Apt. #, etc.

2a. Mailing Address

26 P. O. Box 1209
 Suite, Apt. #, etc.

3. Date Incorporated or Qualified

12/15/1997

4. FEI Number

59-3482447

Applied For
 Not Applicable

City & State

23 Lake land FL

City & State

28 Lake land FL

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

Zip

24 33801

Country

25 USA

Zip

29 33801-7541

Country

30 USA

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

SMYTON, JOHN R JR.
6223 JUBILEE LN.
LAKE LAND FL 33813

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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.

(NO) E-Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE **VD**
 NAME **WADE, STEVE**
 STREET ADDRESS **1713 ATHENS CT.**
 CITY-ST-ZIP **LAKE LAND FL 33803**

TITLE **VD**
 NAME **LAFFERTY, CLIFF**
 STREET ADDRESS **6546 TIMUCUANS DR.**
 CITY-ST-ZIP **LAKE LAND FL 33813**

TITLE **PD**
 NAME **SMYTON, JOHN**
 STREET ADDRESS **6223 JUBILEE LN.**
 CITY-ST-ZIP **LAKE LAND FL 33813**

TITLE **STD**
 NAME **HERSMAN, BARBARA**
 STREET ADDRESS **1677 MAHAFFEY CR.**
 CITY-ST-ZIP **LAKE LAND FL 33811**

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VD** ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE **VD** ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE **TD** ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE **Bellemmy, Steve** ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE **VD** ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE **Bellemmy, Steve** ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99
 Date

741-648-0586
 Daytime Phone #

CR2E037 (1/98)