

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



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

APPROVED
AND
FILED

00 JUL 24 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000006956

1. Corporation Name

Mission: Possible of LAKEland, INC.,

Principal Place of Business

702 TENN. AVE

LAKEland, FL. 33801

Mailing Address

P.O. BOX 7561

LAKEland, FL.
33807

200003354592- -0

-08/14/00-01012-009

*****61.25 *****61.25

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

26

12/15/97

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

27

59-3482447

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

John Smyton

6223 Jubilee Ln.

LAKEland, FL. 33813

81 Name

Cliff Lafferty

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

1315 Merlyn St.

83

84 City

LAKEland

FL

85 Zip Code

33813

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

Cliff Lafferty

6/27/2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☒ Addition

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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:

Cliff Lafferty

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/27/2000 863-647-4156

Date

Daytime Phone #

CR2E037 (1/98)