

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 93593 043 \*\*\*\*61.25

**DOCUMENT #** *N97000006956* ✓

1. Entity Name

Mission Possible Of Lakeland, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

702 Tennessee Ave

3. Mailing Address

PO Box 7561

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Lakeland, FL

City & State

Lakeland, FL

4. FEI Number

59-3482447

Applied For

Not Applicable

Zip 33801

Country Polk

Zip 33807-7561

Country Polk

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Benjamin D.E. Falk

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

500 S. Florida Ave

Suite 700

City

Lakeland

FL

Zip Code

33801

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

*Benjamin D.E. Falk*

5/21/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25**

Initial or Amended UBR

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP
PD	Steve Wade	1713 Athens Ct	Lakeland, FL 33803
D	Joe Estes	946 Penn. Avenue	Lakeland, FL 33803-1158
D	Karen Lafferty	1315 Merlyn Street	Lakeland, FL 33813
SD	Brian Stevens	2600 S. Florida Ave	Lakeland, FL 33803
TD	Benjamin D.E. Falk	2619 Jonila Ave	Lakeland, FL 33803
D	Mare Wilson	1029 Chalfont Lane	Lakeland, FL 33813

**DO NOT WRITE  
IN THIS SPACE**

12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Benjamin D.E. Falk*

5/21/02 (863)647-1581

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)