

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006956

FILED
May 01, 2004
Secretary of State

Entity Name: MISSION: POSSIBLE OF LAKELAND, INC.

Current Principal Place of Business:

702 TENNESSEE AVE.
LAKELAND, FL 33801 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7561
LAKELAND, FL 338077561 US

New Mailing Address:

FEI Number: 59-3482447

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FALK, BENJAMIN D
500 S FLORIDA AVE STE 700
LAKELAND, FL 33801 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WADE, STEVE
Address: 1713 ATHENS COURT
City-St-Zip: LAKELAND, FL 33803

Title: D () Delete
Name: ESTES, JOE
Address: 946 PENN AVE
City-St-Zip: LAKELAND, FL 338031158

Title: D () Delete
Name: LAFFERTY, KAREN
Address: 1315 MERLYN ST
City-St-Zip: LAKELAND, FL 33813

Title: SD () Delete
Name: STEVENS, BRIAN
Address: 2600 S FLORIDA AVENUE
City-St-Zip: LAKELAND, FL 33803

Title: TD () Delete
Name: FALK, BENJAMIN D
Address: 2619 JONILA AVE
City-St-Zip: LAKELAND, FL 33803

Title: D () Delete
Name: WILSON, MARK
Address: 1029 CHALFONT LANE
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BENJAMIN D. FALK

TD

05/01/2004

Electronic Signature of Signing Officer or Director

Date