

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006956

FILED  
Jul 02, 2008  
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 ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

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

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: 1708 PINEBERRY CT  
City-St-Zip: LAKELAND, FL 33803

Title: D ( ) Delete  
Name: LOWRY, WILLIAM W JR  
Address: 4003 MONTROSE CT.  
City-St-Zip: ORLANDO, FL 33812

Title: D ( ) Delete  
Name: LAFFERTY, KAREN  
Address: 2246 SHIRLENE DRIVE  
City-St-Zip: GROVE CITY, OH 43123

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  
Name:  
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 exemption stated in Chapter 119, 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

07/02/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date