2003 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2003
Secretary of State

DOCUMENT# N97000006956

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, MARE	
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:	D	(X) Change ( ) Addition
Name:	WILSON, MARK	
Address:	1029 CHALFONT LANE	
City-St-Zip:	LAKELAND, FL 33813	

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. E. FALK TD 05/14/2003

Electronic Signature of Signing Officer or Director — Date