

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90130 002 ****61.25

DOCUMENT # N98000002961

1. Corporation Name

**OUTSIDE THE WALLS RESCUE MISSION FOR THE HOMELES
S, INC.**

Principal Place of Business

1098 OLD POLK CITY ROAD
HAINES CITY FL 33844

Mailing Address

P.O. BOX 3081
WINTER HAVEN FL 33885



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

05/22/1998

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-3538472

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution Added to Fees

24 25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLAY, JUANITA
1098 OLD POLK CITY RD.
HAINES CITY FL 33844

81 Name

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

83

84 City

FL

85 Zip Code

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

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 Secretary ☒ DELETE
NAME **Melissa Marshall**
STREET ADDRESS **1617 Crystal Park Circle**
CITY-ST-ZIP **Lakeland, Florida 33801**

1.1 TITLE "D" ☐ Change ☒ Addition
1.2 NAME **Raymond Robert Clay, Jr.**
1.3 STREET ADDRESS **2401 NW 2nd Street, Apt #67**
1.4 CITY-ST-ZIP **Winter Haven, Florida 33881**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE Secretary ☐ Change ☒ Addition
2.2 NAME **Sharon Bienaime**
2.3 STREET ADDRESS **Post Office Box 1370**
2.4 CITY-ST-ZIP **Eagle Lake, Florida 33839-1370**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE "D" ☐ Change ☐ Addition
3.2 NAME **Kia McNeal**
3.3 STREET ADDRESS **2109 NE 3rd Street Apt.#B**
3.4 CITY-ST-ZIP **Haines City, Florida 33844**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE "D" ☐ Change ☐ Addition
4.2 NAME **Norma Jean Hooks**
4.3 STREET ADDRESS **1210 Avenue N**
4.4 CITY-ST-ZIP **Haines City, Florida 33844**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/22/99

941-294-5287

Date

Daytime Phone #