

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000606

1. Entity Name

MISSION POSSIBLE OUTREACH MINISTRIES, INC.



**FILED**  
**Sep 13, 2000 8:00 am**  
**Secretary of State**

09-13-2000 90055 004 \*\*\*\*70.00

Principal Place of Business

4101 NORTH APRIL STREET  
 LAKELAND FL 33813

Mailing Address

4101 NORTH APRIL STREET  
 LAKELAND FL 33813

2. Principal Place of Business

1919 Greenwood St.

Suite, Apt. #, etc.

3. Mailing Address

4104 N. April Street

Suite, Apt. #, etc.

City & State

Lakeland, FL

City & State

Lakeland, FL

4. FEI Number

59-3557515

☒ Applied For

☐ Not Applicable

Zip

33813

Country

Zip

33813

Country

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

*[Signature]* Atty at Law

9/8/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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	PD	<input type="checkbox"/> Delete
NAME	COOK, ALFRED L	
STREET ADDRESS	4101 NORTH APRIL STREET	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	VD	<input type="checkbox"/> Delete
NAME	COOK, DEBORA L	
STREET ADDRESS	4101 NORTH APRIL STREET	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SPATES, EMMA L	
STREET ADDRESS	4101 NORTH APRIL STREET	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	GARNER, PORTER L JR	
STREET ADDRESS	4101 NORTH APRIL STREET	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cook, Alfred L.	
STREET ADDRESS	4104 N. April Street	
CITY-ST-ZIP	Lakeland, FL 33813	
TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cook, Debora L.	
STREET ADDRESS	4104 N. April Street	
CITY-ST-ZIP	Lakeland, FL 33813	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dale, Lawrence	
STREET ADDRESS	900 NW 9th Ave., #35F	
CITY-ST-ZIP	Mulberry, FL 33860	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/8/00

Date

813-286-1123

Daytime Phone #

CR2E037 (5/00)