## **NOT-FOR-PROFIT CORPORATION 'UNIFORM BUSINESS REPORT (UBR)**

DO NOT WRITE IN THIS SPACE

3. Mailing Address

DOCUMENT # N99000000606

1. Entity Name

CITY - ST - ZIP

SIGNATURE

2. Principal Place of Business

MISSION POSSIBLE OUTREACH MINISTRIES, INC.



FILED

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SECA: [ ]

SE-1817TATTEMPENED

P.O.BOX 7485		The same					04-06	
Suite. Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPA	Wor	
City & State ,Lakeland, Florida		City & State			60 2557515		Applied For Not Applicable	
<sup>Zip</sup> 33807	Country	Zip	С	ountry	5. Certificate of Sta		3.75 Additional e Required	
					7. Name and Addres	ss of Current Registered A	gent	
DO NOT WRITE IN THIS SPACE				Name SPIEGEL & UTRERA, P.A.  Street Address (P.O. Box Number is Not Acceptable)				
				City Miami FL		Zip Code 33145		
				the obligations of reg	tity submits this statement for istered agent.  Authorized agent a	r the purpose of ch A	By: Na	
FEE IS \$61.25 Initial or Amended UBR  9. Election Camp. Trust Fund Cor  10. OFFICERS AND DIRECTORS			ection Campaigr ust Fund Contrib		\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State		
NAME STREET ADDRESS Alfredo	I			ITLE AME TREET ADDRESS ITY-ST-ZIP	<b>SOO</b> 97/97/96	<b>50007716115</b> 6 07/07/0601053020 **183.75		
STREET ADDRESS T =	a L. Cook ox 7485, Lakeland, F	FL 33807	N.	ITLE AME TREET ADDRESS ITY-ST-ZIP				
STREET ADDRESS I	Dale Lawrence			ITLE AME TREET ADDRESS ITY-ST-ZIP	DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			N S	ITLE IAME TREET ADDRESS ITY-ST-ZIP	INT	HIS SPAC	E	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			N S	ITLE IAME TREET ADDRESS ITY-SI-ZIP				
TITLE NAME STREET ADDRESS		-0.	N	ITLE IAME ITREET ADDRESS				

CITY-ST-ZIP

Alfred L. Cook

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 on an attachment with an address, with all other like empowered.

A 47

## AFFIDAVIT IN SUPPORT OF REQUEST TO WAIVE THE FLORIDA DEPARTMENT OF STATE CORPORATE REINSTATEMENT FEES

STATE OF F	LORIDA	)					
COUNTY OF	POLK	)					
		President of MISSION (hereinafter "Corporat	POSSIBLE OUTREACH MINISTI	RIES, INC., a			
2. That of October 1, 200		was administratively	dissolved by the Florida Departme	ent of State on			
			5, and 2006 Annual Report or pay the 20 bed by Florida Statutes Chapter 607				
3.1	the written noti Report fee to Corporation; a	the Florida Departm	filing the Annual Report and pay the A ent of State was never received b	annual by the			
3.2	the written notice was never received by the Corporation or its Registered Agent that the Florida Department of State was commencing a procedure to administratively dissolve the Corporation.						
by the Corpora	tion of its 2004, 2		nt of State reinstate the Corporation upon Report fees and the filing of its 2004, 2 with this Affidavit.				
5. MISS Statutes 607.0		OUTREACH MINIST	RIES, INC. satisfies the requirements	s of the Florida			
6. No fu	ther ground or g	grounds exist for the ad	ministrative dissolution of the Corpo	oration.			
Dated: <u>20</u>	day of	Jul , 2006					
FUR7	THER, AFFIAN	NT SAYETH NOT					
			MISSION POSSIBLE C MINISTRIES, INC.	OUTREACH			
			By Affred L. Cook, President	ok			
			SWORN AND SUBSCRIBED before me this 20 day of Jur Coluna Lource Notary Public, State of Florida at Printed Name: Sabring Dr Commission Spines Sabring	Large			

Notary Public - State of Florida MyCommission Exples Feb 28, 2008 Commission # DC 281181