

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **743327** (9)

1. Corporation Name
NEW TRIBES MISSION, INC.



Principal Place of Business: 1000 E. FIRST STREET, SANFORD FL 32771-1487, US
Mailing Address: 1000 E. FIRST STREET, SANFORD FL 32771-1487, US

3. Date Incorporated or Qualified: **06/20/1978**
3a. Date of Last Report: **01/20/1995**
4. FEI Number: **39-6024926**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
VLIET, DEAN VAN
1000 E FIRST ST
SANFORD FL 32771-8487

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARE, MACON G.	1.2 NAME	David S. Calderwood
STREET ADDRESS	1000 E. FIRST STREET	1.3 STREET ADDRESS	1000 E. First Street
CITY-ST-ZIP	SANFORD FL	1.4 CITY-ST-ZIP	Sanford, FL 32771-1487
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	Vice-Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALDERWOOD, DAVID S.	2.2 NAME	Macon G. Hare
STREET ADDRESS	1000 E. FIRST ST.	2.3 STREET ADDRESS	1000 E. First Street
CITY-ST-ZIP	SANFORD FL	2.4 CITY-ST-ZIP	Sanford, FL 32771-1487
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WYMA, M. MEL	3.2 NAME	
STREET ADDRESS	1000 E. FIRST ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COUPLAND, BRYAN R.	4.2 NAME	
STREET ADDRESS	1000 E. FIRST ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN VLIET, DEAN	5.2 NAME	
STREET ADDRESS	1000 E. FIRST ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEDERSON, LESLIE V.	6.2 NAME	
STREET ADDRESS	915 N. HARTWELL AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	WAUKESHA WI	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Macon G. Hare Macon G. Hare 1/16/96 (407) 323-3430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)