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NONPROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # 743327

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
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21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/20/1978
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 39-6024926
23. City & State	27. City & State	Applied For Not Applicable
24. Zip	28. Zip	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fees Required
25. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent CHET PLIMTON 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	CP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CALDERWOOD, DAVID S	1.2 NAME	DONMOYER, STAN
STREET ADDRESS	1000 E FIRST STREET	1.3 STREET ADDRESS	1000 E. FIRST ST.
CITY-ST-ZIP	SANFORD FL	1.4 CITY-ST-ZIP	SANFORD, FL 32771-1487
TITLE	VCP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBSEN, OLI G	2.2 NAME	GERMAN, DANNY
STREET ADDRESS	1000 E FIRST ST	2.3 STREET ADDRESS	1000 E. FIRST ST.
CITY-ST-ZIP	SANFORD FL	2.4 CITY-ST-ZIP	SANFORD FL 32771-1487
TITLE	GS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLIMPTON, CHET	3.2 NAME	STOUS, M. DUANE
STREET ADDRESS	1000 E. FIRST ST.	3.3 STREET ADDRESS	915 N HARTWELL AVE
CITY-ST-ZIP	SANFORD FL	3.4 CITY-ST-ZIP	WAUKESHA, WI 53186-5099
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COUPLAND, BRYAN R.	4.2 NAME	WYMA, PAUL
STREET ADDRESS	1000 E. FIRST ST.	4.3 STREET ADDRESS	1000 E. FIRST ST.
CITY-ST-ZIP	SANFORD FL	4.4 CITY-ST-ZIP	SANFORD, FL 32771-1487
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIMOTHY W. MEISEL	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 checked="" 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 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: Timothy W. Meisel RET. TIMOTHY W. MEISEL 1/12/99 407-323-3430
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)