NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # 743327**

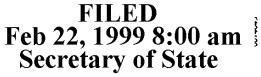
1. Corporation Name

NEW TRIBES MISSION, INC.

Principal Place of Busin
1000 E. FIRST STREET
SANFORD FL 32771-1487
110

Mailing Address

1000 E. FIRST STREET SANFORD FL 32771-1487



02-22-1999 90080 026 ****70.00



Principal Place of Business Za. Mailing Address					3. Date Incorporated or Qualifed	
21	26				06/20/1978	
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.				4. FEI Number Applied For	
22		27			39-6024926 Not Applicable	
City & State City & State 28					5. Certificate of Status Desired \$8.75 Additional Fee Required	
Zip			Country		6. Election Campaign Financing S5.00 May Be	
_	25 29 30		ה י		Trust Fund Contribution Added to Fees	
24	9. Name and Address of Current		<u>-</u>		10. Name and Address of New Registered Agent	
8. Haile and Address of Carrent Kagistara Agont						
CHET PLIMTON				82 Street Address (P.O. Box Number is Not Acceptable)		
1000 E FIRST ST						
SANFORD	FL 32771-8487		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: Re	aistered Agen	t signature requ	uired when reinstating) DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	· De CP	DELETE	1.1 TITLE		D ☐ Change	
NAME	CALDERWOOD, DAVID S		1.2 NAME		donmover, stan	
	1000 E FIRST STREET		1.3 STREET		MO E. FIRST ST.	
STREET ADDRESS			1.4 CITY-S	1 '	SANFORD, FL 32771-1487	
CITY-ST-ZIP	SANFORD FL	☐ DELETE	2.1 TITLE		Chases [] Addition	
TITLE	WE- VCP		1		D Crange DANN	
NAME	JACOBSEN, OLI G		2.2 NAME		GERMAN, DANNY 1800 E. FIRST ST.	
STREET ADDRESS	1000 E FIRST ST		2.3 STREET			
CITY-ST-ZIP	SANFORD FL		2.4 CITY-S		SANFORD FL 32771-1487	
TITLE	89 6S	☐ DELETE	3.1 TITLE	1		
NAME	PLIMPTON, CHET		3.2 NAME		STOUS, M. DUANE	
STREET ADDRESS			3.3 STREET	ADDRESS	915 N HARTWELL AVE	
CITY-ST-ZIP	SANFORD FL		3.4. CITY-5	T-ZIP	WAUKESHA, WI 53186-5099	
TITLE	690 D	☐ DELETE	4.1 TITLE		Change Addition	
NAME	COUPLAND, BRYAN R.	;	4. 2 NAME		WYMA, PAUL	
STREET ADDRESS	1000 E. FIRST ST.		4.3 STREET	ADDRESS	100 E. FIRST. ST.	
CITY-ST-ZIP	SANFORD FL	·	4.4 CITY-S	T-ZIP	SAMFORD, FL 32771-1487	
TITLE	T	☐ DELETE	5.1 TITLE		Change Addition	
NAME	TIMOTHY W. MEISEL	•	5.2 NAME	-		
STREET ADDRESS	ARAS E SIDOT OF		5.3 STREET	ADDRESS	•	
CITY-ST-ZIP	SANFORD FL		5.4 CITY-S	T-Z!P		
TITLE	D	Æ D€LETE	6.1 TITLE		☐ Change ☐ Addition	
NAME	PEDERSON,LESLIE V.		6.2 NAME			
STREET ADDRESS			6.3 STREE	ADDRESS		
	WAUKESHA WI		6.4 CITY-S	T-ZIP		
CITY-ST-ZIP	I TIAUNEONA TII		=	L		

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.