

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 10, 2006  
Secretary of State**

DOCUMENT# 743327

Entity Name: NEW TRIBES MISSION, INC.

**Current Principal Place of Business:**

1000 E. FIRST STREET  
SANFORD, FL 327711487 US

**New Principal Place of Business:**

**Current Mailing Address:**

1000 E. FIRST STREET  
SANFORD, FL 327711487 US

**New Mailing Address:**

FEI Number: 39-6024926      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

CHET PLIMPTON  
1000 E FIRST ST  
SANFORD, FL 327718487 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CP ( ) Delete  
Name: JACOBSEN, OLI G  
Address: 1000 E FIRST STREET  
City-St-Zip: SANFORD, FL 32771

Title: VCP ( ) Delete  
Name: GERMAN, DANNY  
Address: 1000 E FIRST ST  
City-St-Zip: SANFORD, FL 32771

Title: SD ( ) Delete  
Name: PLIMPTON, CHET  
Address: 1000 E. FIRST ST.  
City-St-Zip: SANFORD, FL 32771

Title: F ( ) Delete  
Name: COUPLAND, BRYAN R.  
Address: 1000 E. FIRST ST.  
City-St-Zip: SANFORD, FL 32771

Title: T ( ) Delete  
Name: TIMOTHY W. MEISEL,  
Address: 1000 E. FIRST ST.  
City-St-Zip: SANFORD, FL 32771

Title: D ( ) Delete  
Name: WYMA, PAUL  
Address: 1500 E FIRST ST  
City-St-Zip: SANFORD, FL 32771

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY W MEISEL

T

01/10/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date