

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 743327

FILED
Jan 03, 2003
Secretary of State

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
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
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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 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 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

01/03/2003

Electronic Signature of Signing Officer or Director

_____ Date