

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$295)

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

APPROVED AND FILED

95 JUL -6 AM 8:36

DOCUMENT # 813530 (3)

1. Corporation Name
BAPTIST MISSION OF NORTH AMERICA, INC.

Principal Place of Business Mailing Address
P.O. BOX 3145 ALTON IL 62002 P.O. BOX 3145 ALTON IL 62002

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/17/1959	3a. Date of Last Report 03/11/1994
4. FEI Number 34-0718097	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Expenses/Trust Fund Contributor <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	FILING FEE IS \$61.25
8. This corporation has liability for interstate tax levies - 100,000 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 1250 W. MOUND RD. Suite, Apt # etc	2a. Mailing Address 26 1250 W. MOUND RD. Suite, Apt # etc
22 City & State 23 DECATUR IL	2b. City & State 28 DECATUR IL
24 62526 25	29 62526 30

9. Name and Address of Current Registered Agent SMITH, STANLEY REV 3762 LAKE MARGARET DR. ORLANDO FL 32812		10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83 City	85 Zip Code
			FL

11. Pursuant to the provisions of Sections 617.0503 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 _____ DATE _____
(Signature must be printed name of registered agent and the date of signature)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (N/A)	
TITLE TD	NAME COLAS, RALPH STREET ADDRESS BOX 19 N/A CITY, ST, ZIP WALLINGFORD PA	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD	NAME SPENCER, BRIAN STREET ADDRESS 7 S. GARDEN NE CITY, ST, ZIP BATTLE CREEK MI	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD	NAME PAUSLEY, CHARLES G STREET ADDRESS 1845 SHAGGY BARK RD. CITY, ST, ZIP TROY OH	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE CPD	NAME WOODWORTH, RICHARD STREET ADDRESS 3843 NORTHBROOK DR. CITY, ST, ZIP DECATUR IL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

DELETE

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information included on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made in the presence of the 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 is not on the list of officers or directors of the corporation.

SIGNATURE: *Richard Woodworth*
 SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-27-95

CR2E037 (3-95)