## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 27 1997 8:00am

Secretary of State

217-875-7272 Daytime Phone \* 0078029

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 813530

(3)

## BAPTIST MISSION OF NORTH AMERICA, INC.

Principal Place	of Business	Mailing Address			) indis indis indis tilki tilit anti date bibit tilit oditati bibit dibit		
1250 W. MOUND ROAD DECATUR IL 62526		1250 W. MOUND ROAD DEGATUR IL 62526-1251					
US		U\$		٠	3. Date Incorporated or Qualified 04/17/1959	3a. Date of Last Report 01/29/1996	<del>,,, _,</del>
2. Principal Place of Business		2a. Mailing Address	<del>  </del>		4. FEI Number Applied F 34-0718097 Not Applied		
Suite, Apt. #, etc.		Suite Apt # etc	Suite, Apt. #, etc.		en 75 Augus		
22		27			5. Certificate of Status Desired	Fee Required	
City & State		City & State			6. Election Campaign Financing	\$5.00 May	
23		28			Trust Fund Contribution	Added to Fee	
Zip	Country Zip Country 25 29 30			6. This corporation has liablity for intangible tax under s. 199.032, Florida Statutes			
24	9. Name and Address of Curren		[30]		10. Name and Address of New Re		······································
			81	Name			, <del></del>
SMITH. S	STANLEY REV		82	Stroot Add	Iress (P.O. Box Number is Not Acceptate	lo)	· · · · · · · · · · · · · · · · · · ·
	KE MARGARET DR.			Street Add	ileas (1 .O. DOX HOMBE IS 1401 ACCEPTAL		
ORLAND	O FL 32812		63				
			84	City		85 Zip Code	<del></del>
						FL 6 25 COGO	
11. Pursuant to office or re agent. Lan	o the provisions of Sections 617.050 igistered agent, or both, in the State in familiar with, and accept the obligi	2 and 617.1508, Florida Statuti of Florida. Such change was e ations of, Section 617.0503, Flo	es, the above authorized by orida Statutes.	named cor the corpora	poration submits this statement for the patients board of directors. I hereby acceptions	urpose of changing its regist at the appointment as regist	istered tered
SIGNATURE							
	Signature, typed or printed name of registered age OFFICERS AN			t nignature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	10
12.	TD OFFICERS AN	DELETE	13.		ADDITIONS/CHANGES TO OFFIC		Addition
NAME	COLAS, RALPH	Find Direction	1.2 NAME	I		The country of the	
STREET ADDRESS	BOX 19 N/A		1.3 STREET ADDRESS				
CITY-ST-ZIP	WALLINGFORD PA		1.4 City-St-ZiP				
TITLE	SD	DELETE	2.1 TITLE	- FII		Change	Addition
NAME	SPENCER, BRIAN		2.2 NAME				•
STREET ADDRESS	7 S. GARDEN NE		2.3 STREET ADDRESS				
CITY-ST-ZIP	BATTLE CREEK MI		2. 4 CITY-ST-ZIP				
TITLE	CPD	DELETE	3.1 TITLE			Change	Addition
NAME	WOODWORTH, RICHARD		3.2 NAME				
STREET ADDRESS	3843 NORTHBROOK DR.		3.3 STREET ADDRESS				
CITY-ST-ZIP	DECATUR IL		3.4. CITY - S	T-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET A				
CITY-S1-ZIP		FT SCUTT	4.4 CITY-ST	- ZIP		[7] 85.5.5.	Addition
TITLE		☐ DELETE	5.1 TITLE	ļ		Change	Addition
NAME ATREET ARRESTS			5.2 NAME				
STREET ADDRESS			5.3 STREET				
CHY-ST-ZIP		DELETE	5.4 CITY-ST 6.1 TITLE	-ZIP		Change	Addition
TITLE		L_ Detert				Li Change Lii	HOMINON
NAME STREET ADDRESS			6.2 NAME 6.3 STREET	Innecce			
CITY-ST-ZIP			6.4 CITY-ST				
	y certify that the information supplie	d with this filing does not quali			d in Section 119.07(3)(i), Florida Statute	s. I further certify that the	
information I am an of	indicated on this annual report or s	supplemental annual report is to the receiver or trustee empow	true and accur vered to execu	rate and the	at my signature shall have the same lega ort as required by Chapter 617, Florida s	il effect as if made under or	ath; thai