FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham ,

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

813530

(3)

BAPTIST MISSION OF NORTH AMERICA, INC.

FILE	D
Jul 16 1998	8:00am
Secretary	of State

Principal Plac	e of Business	Mailing Address				
1250 W. MOUN	UN BOAN	1250 W. MOUND ROAD				
DECATUR IL 6		DECATUR IL 62526			3. Date Incorporated or Qualified 04/17/1959	
US		US			4. FEI Number Applied For	
					34-0718097 Not Applicab	ole
	Place of Business	2a. Mailing Address			Certificate of Status Desired \$8.75 Additional	
21		26	···		Fee Required	
Suite, Apt.	#, e tc.	Suite, Apt. #, etc.			6. Election Campaign Financing \$5,00 May Be Trust Fund Contribution Added to Fees	
City & Stat	Ð	City & State			7. Is this nonprofit corporation a homeowners association?	_
Zip	Country		Coun	trv	Yes No	
24	25	29	30	,	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
	9. Name and Address of Co				10. Name and Address of New Registered Agent	
			-	Name	EARL GUTBERLET	
	STANLEY REV		į.	32 Street		
	KE MARGARET DR.		ļ.	33	2801 GRAYSON STREET	
ORLANI	OO FL 32812		l'	23	ORANGE CITY, FL 32763	
<u>}</u>			[4	34 City	FL 85 Zip Code	
11. Pursuant office or r	to the provisions of Sections 617 registered agent, or both, in the	.0502 and 617.1508, Florida Stat State of Florida. Such change was	utes, the abo	ove-named by the cor	ed corporation submits this statement for the purpose of changing its registere orporation's board of directors. I hereby accept the appointment as registered	d
agent.∤a	ım tamiliar with, and accept the	obligations of Section 617.0503, I	Florida Statu	tes.	1-7-98	
SIGNATURE .	Signature, typed or printed name of register	ed agont and title if applicable (No	OTF: Begislered	Agent signatur	ture required when reinstating) DATE	
12.	· · · · · · · · · · · · · · · · · · ·	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	10	☐ DELETE	1.1 TIT).	E	TD Change Addition	on
NAME	COLAS, RALPH		1.2 NAN	KE	COLAS, RALPH	
STREET ADDRESS	BOX 19 N/A		1.3 \$TR	EET ADDRESS		
CITY-ST-ZIP	WALLINGFORD PA			r-ST-ZIP	BETHLEHEM, PA 18015	
TITLE	\$D	☐ DELETE	2.1 TITL		Change Addition	on
NAME	SPENCER, BRIAN		2.2 NAM			
STREET ADDRESS	7 S. GARDEN NE			EET ADDRESS	\$	
CITY-ST-ZIP TITLE	BATTLE CREEK MI	☐ DELETE		Y-ST-ZIP	Change Addition	<u></u>
	CPD Woodworth, Richard		3.1 TITL		Annual Control	VII
NAME CZOSEZ ADDDEGO	\$843 NORTHBROOK DR.		3.2 NAN			
STREET ADDRESS	DECATUR IL			EET AODRESS	,	
CITY-ST-ZIP TITLE	DECATOR IL	DELETE	4.1 TITL	Y-ST-ZIP	Change Addition	
NAME		LL DECEN	4. 2 NAM			J.,
STREET ADDRESS				EET ADDRESS	e ·	
CITY-ST-ZIP				-ST-ZIP	'	
TITLE		DELETE	5.1 TITL		Change Addition	 on
NAME			5.2 NAM			
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP				- ST- ZIP		
TITLE		DELETE	6.1 TITU	_	Change Addition	on
NAME			6.2 NAM			
STREET ADDRESS				EET ADDRESS	3	
CITY OF 71D						

14. Thereby 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 eath; 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.