FILED Mar 03, 1999 8:00 am § Secretary of State 03-03-1999 90121 018 ****61.25

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	813530
------------	--------

1. Corporation Name

BAPTIST MISSION OF NORTH AMERICA, INC.

Principal Place	e of Business	Mailing Address					
1250 W. MOUI		1250 W. MOUND ROAD DECATUR IL 62526					
DECATUR IL 6 US	2320	US DECATOR IC 02320					
2 Principal DI	ace of Business	2a. Mailing Address				Date Incorporated or Qualifed	
21	ace of Dusirioss	26				04/17/1959	į
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					plied For
22		27					t Applicable
City & State	В	City & State				5. Certificate of Status Desired Fee Re	I
23		28	0				
Zip	Country	Zip 30	Cour	ııry		6. Election Campaign Financing S5.00 Trust Fund Contribution Added t	
24	9. Name and Address of Curre		<u>'</u>			10. Name and Address of New Registered Agent	
	v. Hallo alta i tali oco di cali o			81	Name		
GUTBERL	ET. EARL		}	82	Street Addre	ess (P.O. Box Number is Not Acceptable)	
	YSON STREET		Į		011001710010		
ORANGE	CITY FL 32763		[83			1
			ŀ	84	City	85 Zip (Code
						FL FL FL FL FL FL FL FL	
office or re	enistered agent or both in the State	of Florida. Such change was auth	norizad	hv t	-named corpo the corporation	oration submits this statement for the purpose of changing its on's board of directors. I hereby accept the appointment as re	gistered
agent. I ar	m familiar with, and accept the obligi	ations of, Section 617.0503, Florid	a Statu	ites.			į
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title if applicable. (NOTE: Re	gistered A	Agent	signature required	d when reinstating) DATE	
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
TITLE	TD	☐ DELETE	1.1 111	LE		Change	Addition
NAME	COLAS, RALPH		1.2 NA	ME			į
STREET ADDRESS	625 EAST 4TH				ADDRESS		
CITY-ST-ZIP	BETHLEHEM PA 18015	DELETE	1.4 CIT		-ZIP	Change	Addition
TITLE	SD SPENCER, BRIAN	☐ DETEIE	2.1 TITI 2.2 NA			C. C	
NAME	7 O CARDEN NE				ADDRESS		
STREET ADDRESS	BATTLE CREEK MI		2.4 CF		1	. San	
CITY-ST-ZIP TITLE	CPD	☐ DELETE	3.1 TIT			Change	☐ Addition
NAME	WOODWORTH, RICHARD		3.2 NA	ME			
STREET ADDRESS	3843 NORTHBROOK DR.		3.3 STI	REET.	ADDRESS		
CITY-ST-ZIP	DECATUR IL		3.4. CI		r-ZIP		- Addition
TITLE		☐ DELETE	4.1 TIT			Change	☐ Addition
NAME			4, 2 NA				
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP		☐ DELETE	4.4 CIT 5.1 TIT		-ZIP	☐ Change	Addition
NAME		Drrr. 15	5.1 III				
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP			5.4 CIT				
TITLE		☐ DELETE	6.1 TIT			Change	☐ Addition
NAME			6.2 NA	ME			ţ
STREET ADDRESS			6.3 STI	REET	ADDRESS		
			64 CIT	Y.ST	-7IP		.

I hereby 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 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 in Block 12 or Block 13 if changed, or on an attackment with an address, with all other like empowered.

SIGNATURE: