

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 813530

FILED
Apr 28, 2002 8:00 AM
Secretary of State

Entity Name: BAPTIST MISSION OF NORTH AMERICA, INC.

Current Principal Place of Business:

1250 W. MOUND ROAD
DECATUR, IL 62526 US

New Principal Place of Business:

Current Mailing Address:

1250 W. MOUND ROAD
DECATUR, IL 62526 US

New Mailing Address:

FEI Number: 34-0718097

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HINDAL, CHRIS
5878 DANIELS ROAD
FT. MYERS, FL 33912 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: TD () Delete
Name: COLAS, RALPH
Address: 625 EAST 4TH
City-St-Zip: BETHLEHEM, PA 18015

Title: SD () Delete
Name: SPENCER, BRIAN
Address: 7 S. GARDEN NE
City-St-Zip: BATTLE CREEK, MI

Title: CPD () Delete
Name: WOODWORTH, RICHARD
Address: 3843 NORTHBROOK DR.
City-St-Zip: DECATUR, IL

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:

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: RICHARD WOODWORTH

CPD

04/28/2002

Electronic Signature of Signing Officer or Director

_____ Date