

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:28

DOCUMENT # 819880 (6)
1. Corporation Name
SUDAN INTERIOR MISSION INC.

Principal Place of Business Mailing Address
14800 CHOATE CIRCLE P.O. BOX 7800
CHARLOTTE NC 28241 CHARLOTTE NC 28241

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/15/1966 3a. Date of Last Report 05/01/1994
4. FEI Number 22-1936391 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country
25 Country 30 Country

9. Name and Address of Current Registered Agent
WINSOR, GARTH
4114 NIGERIA RD.
SEBRING FL 33872

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	FULLER, KEN
STREET ADDRESS	403 MT. VERNON DR.
CITY- ST- ZIP	VENICE FL
TITLE	D
NAME	FRANCIS, ROBERT B
STREET ADDRESS	820 HARBOUR PT.
CITY- ST- ZIP	ALPHARETTA GA
TITLE	T
NAME	BALWIN, CLARENCE H
STREET ADDRESS	16144 TANA TEA CIRCLE
CITY- ST- ZIP	TEGA CAY SC
TITLE	S
NAME	FRAZEE, RON F
STREET ADDRESS	132 VISTA GRANDE CIRCLE
CITY- ST- ZIP	CHARLOTTE NC
TITLE	D
NAME	ALLABY, S
STREET ADDRESS	3885 BLACK ROCK TURNPIKE
CITY- ST- ZIP	FAIRFIELD CT
TITLE	P
NAME	FEHL, LARRY
STREET ADDRESS	2739 CREEKBED LANE
CITY- ST- ZIP	CHARLOTTE NC

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 attachment with an address.

SIGNATURE: Clarence H. Baldwin CLARENCE H. BALDWIN 2/9/95 (904) 557-1493
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR