

FILE NOW: FILING FEE IS \$61.25

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Mar 09, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 819880

1. Corporation Name
SUDAN INTERIOR MISSION INC.

Principal Place of Business 14800 CHOATE CIRCLE CHARLOTTE NC 28241	Mailing Address P.O. BOX 7900 CHARLOTTE NC 28241
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2. Principal Place of Business 21 14830 CHOATE CIRCLE Suite, Apt. #, etc. 22 CHARLOTTE, NC City & State 23 28241 U.S. Zip Country 24 25 29 30	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified 09/15/1966	4. FEI Number 22-1936391 Applied For Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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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
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULLER, KEN	1.2 NAME	
STREET ADDRESS	403 MT. VERNON DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCIS, ROBERT B	2.2 NAME	
STREET ADDRESS	820 HARBOUR PT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ALPHARETTA GA	2.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALWIN, CLARENCE H	3.2 NAME	T GEORGE SALLDUM
STREET ADDRESS	16144 TANA TEA CIRCLE	3.3 STREET ADDRESS	1332 SEA MIST DRIVE
CITY-ST-ZIP	TEGA CAY SC	3.4 CITY-ST-ZIP	MATTHEWS, NC 28105
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAZEE, RON F	4.2 NAME	
STREET ADDRESS	132 VISTA GRANDE CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLABY, S	5.2 NAME	
STREET ADDRESS	3685 BLACK ROCK TURNPIKE	5.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFIELD CT	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEHL, LARRY	6.2 NAME	
STREET ADDRESS	2739 CREEKBED LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC	6.4 CITY-ST-ZIP	

14. 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 attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 2/22/99 704-587-1493

CR2E037 (11/98)