FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 29 PM 4:21

DOCUMENT # 842195 (0)

1. Corporation Name

GENERAL BAPTIST HOME MISSION BOARD, INC.

Principal Place of Business	Mailing Address
100 STINSON DRIVE POPLAR BLUFF MO 63901	100 STINSON DRIVE POPLAR BLUFF MO 63901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/31/1979	3a. Date of Last Report: 03/24/1994
4. FEI Number: 35-6030622	☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BRITTAIN, REV. FRED
12389 HONEYBROOK DR.
HUDSON FL 34669

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	ST	11 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, BARBARA	12 NAME		
STREET ADDRESS	RR 1 BOX 14	13 STREET ADDRESS		
CITY-ST-ZIP	BROSELEY MO	14 CITY-ST-ZIP		
TITLE	P	21 TITLE		☒ Change ☐ Addition
NAME	DUNCAN, LELAND D	22 NAME	DUNCAN, LELAND R.	
STREET ADDRESS	100 STINSON DRIVE	23 STREET ADDRESS		
CITY-ST-ZIP	POPLAR BLUFF MO	24 CITY-ST-ZIP		
TITLE	D	31 TITLE	D	☒ Change ☐ Addition
NAME	COMER, JOHN	32 NAME	Boyer, Jack D.	
STREET ADDRESS	215 N MAPLE #12	33 STREET ADDRESS	6522 Old Hwy. 66	
CITY-ST-ZIP	WILMORE KY	34 CITY-ST-ZIP	Newburgh, IN 47630	
TITLE	V	41 TITLE		☐ Change ☐ Addition
NAME	ALCORN, OREN	42 NAME		
STREET ADDRESS	P O BOX 116 N/A	43 STREET ADDRESS		
CITY-ST-ZIP	AVA MO	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	KERR, RUDD	52 NAME		
STREET ADDRESS	248 KERR-HUFF RD.	53 STREET ADDRESS		
CITY-ST-ZIP	LEITCHFIELD KY	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☒ Change ☐ Addition
NAME	HAZELWOOD, AWIN	62 NAME		
STREET ADDRESS	1051 HEBER SPRINGS RD	63 STREET ADDRESS	1051 HEBER SPRINGS RD WEST	
CITY-ST-ZIP	HEBER SPRINGS AR	64 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)(k), 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 asterisk.

SIGNATURE: [signature] 2/24/95 314/785-7746
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone #

0074443