FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

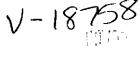
Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DÓCUMENT # 846343

1. Corporation Name

THE SUNDAY SCHOOL BOARD OF THE SOUTHERN BAPTIST CONVENTION, INC.



90 FET 11 PK 3:25

VIII.

Principal Place	e of Business	Mailing Address			
127 MNTH AVE. N. 127 MNTH AVE. N. NACARILLE TAL 27224					131: C. S. I. B. B. I. B. B. I. I. I. I. I.
NASHVILLE TN 37234 NASHVILLE TN 37234				HORF CHORN PHENDOUNI BION ROOM	
		T %- 11-9: 4.11		2 Date Incompeted or Overlifed	····
.	ace of Business	2a. Mailing Address 26		3. Date Incorporated or Qualifed 06/27/1980	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		4. FEI Number	Applied For
22	.,	27		62-0505208	Not Applicable
City & State	θ	City & State		5. Certificate of Status Desired	\$8.75 Additional
23		28			Fee Required
Zip	Country	Žip	Country 30	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	9. Name and Address of Current	<u> </u>	30	10. Name and Address of New Registered	
	,				
RICHARDSON, WAYNE 82 Skeet Add				dress (P.O. Box Number is Not Acceptable)	
-1920 HENDRICKS-AVE-				dress (P.O. Box Nymber is Not Acceptable) nCy Park Shopping (en	ter
-JACKGONVILLE FL FL 32207 -			1831	100 Atlantic Blud	
			84 63.4		85 Zip Code
44 6	4- th	and C47 4509 Florida Ptotuta	Jac	ckson ville FI	shanning its registered
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating). DATE					
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DRAPER, JAMES T., JR.		1.2 NAME	600002778	3962
STREET ADDRESS	5606 GRANNY WHITE BRENTWOOD TN		1.3 STREET ADDRESS	-02/17/994	01073002
CATY-ST-ZIP	T T	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	*****G1.25	####6]Addition
NAME	CARTER, JIMMIE B		2.2 NAME		
STREET ADDRESS	108 TUDOR CT.		2.3 STREET ADORESS		
CITY-ST-ZIP	FRANKLIN TN 37067		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FINNEY, NORMAN W.		3.2 NAME		
STREET ADDRESS	1721 DICKERSON BAY DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	GALLATIN TN	Christs	3.4. CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	ADAMS HEAND	☐ DELETE	4.1 TITLE		∏ cusuβa ⊟ vooitiou
NAME	ADAMS, JEAN R 6004 41ST AVE.		4.2 NAME 4.3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	HYATTSVILLEE MD 20782-3058		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DE ARMS, RAFAEL		5.2 NAME		
STREET ADDRESS	1309 E. ROBINSON		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32801		5.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BAKER, MICHELLE		6.2 NAME 6.3 STREET ADDRESS		
STREET ADDRESS	1740 S WATER		6.3 STREET ADDRESS		
CITY-ST-ZIP	WICHITA KS 67213	h this filing does not qualify for		Section 119.07(3)(i), Florida Statutes. I further ce	rtify that the information

I nereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. If 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 efficier 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.

GNATURE:

Worman W. Finney 120/99 615/351-3866

SIGNATURE:

615/251-3860