

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005219

**FILED**  
**Apr 29, 2007**  
**Secretary of State**

**Entity Name:** BAPTIST MISSION TO ENGLAND, INC.

**Current Principal Place of Business:**

6830 SWAIN TERR  
TALLAHASSEE, FL 32311

**New Principal Place of Business:**

25 HIAWATHA FARMS ROAD  
MONTICELLO, FL 32344

**Current Mailing Address:**

6830 SWAIN TERR  
TALLAHASSEE, FL 32311

**New Mailing Address:**

25 HIAWATHA FARMS ROAD  
MONTICELLO, FL 32344

FEI Number: 59-3663237

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WHITLEY, LARRY V  
601 N FERNCREEK AVE STE 200  
ORLANDO, FL 328536973 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: D ( ) Delete  
Name: SMITH, DAVID  
Address: 601 N FERNCREEK AVE, SUITE 200  
City-St-Zip: ORLANDO, FL 328536973

Title: D ( ) Delete  
Name: SMITH, SARA  
Address: 601 N FERNCREEK AVE, SUITE 200  
City-St-Zip: ORLANDO, FL 328536973

Title: D ( ) Delete  
Name: HANSSON, EVA  
Address: 601 N FERNCREEK AVE, SUITE 200  
City-St-Zip: ORLANDO, FL 32825

**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 exemption stated in Chapter 119, 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: DAVID SMITH

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

MR.

04/29/2007

\_\_\_\_\_ Date