


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2008 08:00 AM
Secretary of State

DOCUMENT # N0000005219
 1. Entity Name
BAPTIST MISSION TO ENGLAND, INC.



Principal Place of Business Mailing Address
25 HIAWATHA FARMS ROAD **25 HIAWATHA FARMS ROAD**
MONTICELLO FL 32344 **MONTICELLO FL 32344**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

1st MOORE CR2E037 (10/07)
 4. FEI Number Applied For
59-3663237 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
WHITLEY, LARRY V
601 N FERNCREEK AVE STE 200
ORLANDO FL 32853-6973

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE _____ (NOTE: Registered Agent signature required when re-appointing) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, DAVID	
STREET ADDRESS	601 N FERNCREEK AVE, SUITE 200	
CITY - ST - ZIP	ORLANDO FL 32853-6973	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, SARA	
STREET ADDRESS	601 N FERNCREEK AVE, SUITE 200	
CITY - ST - ZIP	ORLANDO FL 32853-6973	
TITLE	D	<input type="checkbox"/> Delete
NAME	HANSSON, EVA	
STREET ADDRESS	601 N FERNCREEK AVE, SUITE 200	
CITY - ST - ZIP	ORLANDO FL 32825	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Handwritten Signature]* *[Handwritten Signature]* *[Handwritten Signature]*
 401-381-1838