

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005219

FILED
Apr 22, 2009
Secretary of State

Entity Name: BAPTIST MISSION TO ENGLAND, INC.

Current Principal Place of Business:

25 HIAWATHA FARMS ROAD
MONTICELLO, FL 32344

New Principal Place of Business:

Current Mailing Address:

25 HIAWATHA FARMS ROAD
MONTICELLO, FL 32344

New Mailing Address:

FEI Number: 59-3663237

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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: DR. (X) Change () Addition
Name: SMITH, DAVID
Address: 601 N FERNCREEK AVE, SUITE 200
City-St-Zip: ORLANDO, FL 328536973

Title: MRS. (X) Change () Addition
Name: SMITH, SARA
Address: 601 N FERNCREEK AVE, SUITE 200
City-St-Zip: ORLANDO, FL 328536973

Title: MS. (X) Change () Addition
Name: HANSSON, EVA
Address: 601 N FERNCREEK AVE, SUITE 200
City-St-Zip: ORLANDO, FL 32825

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 A SMITH

DR.

04/22/2009

Electronic Signature of Signing Officer or Director

Date