2007 NOT-FOR-PROFIT CORPORATION

FILED Jan 17, 2007 08:00 AM Secretary of State

ANNUAL REPORT				
DOCUMENT # 75643 1. Enlity Name BAPTIST MISSIONS TO FOR				
Principal Place of Business	Mailing Address			
3787 OLD MIDDLEBURG RD Suite #2	P O BOX 37043 Jacksonville, Fl. 32236			

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Principal Place	e of Business	Mailing Address	1			
3787 OLD MI SUITE #2	DDLEBURG RD	P O BOX 37043 Jacksonville, Fl. 32236		a a		
JACKSONVILL	E, FL 32210 US	· · · · · · · · · · · · · · · · · · ·		 	I BHIG BIII BIBSB AIR BHG BHG	BIRKI BIRI BIRI RIRK BIRKIR BI ITRI
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	an kardalist (S. A.) di Januari S. A. A. Karanan di Manan da Manan B. A. A.			01042007	No Chg-NP	CR2E037 (4/06)
D	O NOT WRITE	IN THIS SPA	CE	4. FEI Numbe		Applied For
				59-211	, , , , , , , , , , , , , , , , , , , 	Not Applicable \$8.75 Additional
***	6. Name and Address of Current R	Acietand Apart	Herrie (1966) Sala Arria Las estas	5. Certificate	of Status Desired	Fee Required
		аувиотой Аувии				
3729 CAR	, ROBERT J DINAL OAKS CIRCLE		DO NOT WRITE			
ORANGE F	PARK, FL 32065			IN	THIS SPA	CE
					en kalan ilang kinggi sa manangkali darah	
8. The above the obligati	named entity submits this statement for ons of registered agent.	the purpose of changing its register	ed office or registe	red agent, or bo	th, in the State of Florida	. I am familiar with, and accept
SIGNATURE_						
-	Signature, typed or printed name of registered agent an	id trile if applicable. (NOTE: Registere	ed Agent signature require	d when reinstating)		DATE
	Filing Fee is \$61.25 Due by May 1, 2007	Election Campaign Final Trust Fund Contribution.		.00 May Be		
10.	OFFICERS AND D	DIRECTORS	Francis de la lace	ra eftes A : Bree	sas no actas mit a Ambas par	
TOTLE	Т					
NAME STREET ADDRESS	ALDERMAN, MAX 151 NORTHSIDE DRIVE EAST			ultiplication and tracket best to		
CITY-ST-ZIP						
	STATESBORO, GA					
TITLE NAME	D					
NAME STREET ADDRESS	D POWELL, GARLAND C 2855 PARRISH CEMET. RD.					3511 175-010 61 25
NAME STREET ADDRESS CITY-ST-ZIP	D POWELL, GARLAND C 2855 PARRISH CEMET. RD. JACKSONVILLE, FL 32220				U00000588 01/17/07-800	3511 075-010 61:25
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D POWELL, GARLAND C 2855 PARRISH CEMET. RD. JACKSONVILLE, FL 32220 PD BURGE, EUGENE M					3511 375-010 61.25
NAME STREET ADDRESS CITY-ST-ZIP TITLE	D POWELL, GARLAND C 2855 PARRISH CEMET. RD. JACKSONVILLE, FL 32220 PD BURGE, EUGENE M 3787 OLD MIDDLEBURG RD SUI	TE #2		DO	U00000588 01/17/07-800	
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I nereby certify that the information supplied with this fitting does not qualify for the exemptions contained in Chapter 119, Florida Statútes. 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:

NATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

904-288-6166