

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 743327

**Entity Name:** NEW TRIBES MISSION, INC.

**Current Principal Place of Business:**

312 WEST FIRST STREET  
SANFORD, FL 32771

**Current Mailing Address:**

312 WEST FIRST STREET  
SANFORD, FL 32771 US

**FEI Number:** 39-6024926

**Certificate of Status Desired:** Yes

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

BROWN, LARRY M  
312 WEST FIRST ST  
SANFORD, FL 32771 US

*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

**Officer/Director Detail :**

Title CHAIRMAN  
Name BROWN, LARRY M  
Address 1000 E FIRST ST  
City-State-Zip: SANFORD FL 32771

Title COO  
Name KREIDER, DANNY L  
Address 1000 E FIRST ST  
City-State-Zip: SANFORD FL 32771

Title TREASURER  
Name MEISEL, TIMOTHY W  
Address 1000 E 1ST STREET  
City-State-Zip: SANFORD FL 32771

Title SECRETARY/CHIEF ADMINISTRATIVE OFFICER  
Name SHORTMEIER, BRIAN  
Address 109 KEY HAVEN DR.  
City-State-Zip: SANFORD FL 32771

Title DIRECTOR OF CHURCH RELATIONS  
Name SULLIVAN, MICHAEL J  
Address 2469 SCOTTVILLE AVE  
City-State-Zip: DELTONA FL 32725

Title MEMBER-AT-LARGE  
Name FALLS, DANIEL M  
Address 1210 E MICHIGAN AVE  
City-State-Zip: JACKSON MI 492011839

Title MEMBER-AT-LARGE  
Name SANFORD, STEVE J  
Address 241 OLD FORGE HILL RD  
City-State-Zip: JERSEY SHORE PA 17740-7301

*I hereby 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 all other like empowered.*

**SIGNATURE:** DANNY L. KREIDER

**CHIEF OF OPERATIONS**

**02/14/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date