

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 18 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 720744 (2)
1. Corporation Name
HOME MISSIONARIES AND EVANGELISTS OF AMERICA, IN C.

| | |
|--|---|
| Principal Place of Business ROUTE 1 BOX 191-1 CHESTER GA 31012 | Mailing Address ROUTE 1 BOX 191-1 CHESTER GA 31012-9770 |
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|--------------------------------|-----------------|---|------------|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 04/21/1971 | 3a. Date of Last Report 04/08/1996 |
| 21 Suite, Apt. #, etc. | 22 City & State | 23 Zip | 24 Country | 4. FEI Number 58-1778523 | Applied For <input type="checkbox"/> Not Applicable |
| 25 | 26 | 27 | 28 | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 29 | 30 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 29 | | 30 | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | | | |
|---|--|--|--|--|--|----|----------|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| ANDRE, FRANK C. 1010 JOAN AVE. DUNDEE FL 33838 | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | | | |
| | | | | 84 | City | 85 | Zip Code |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCARBORO MS. JOHNNY F. | 1.2 NAME | |
| STREET ADDRESS | ROUTE 1 BOX 191-1 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | CHESTER GA | 1.4 CITY-ST-ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCARBORO, ROSE ANN | 2.2 NAME | |
| STREET ADDRESS | ROUTE 1 BOX 191-1 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | CHESTER GA | 2.4 CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FINLEY, MARVIN | 3.2 NAME | |
| STREET ADDRESS | 8211 S.INDIAN RVER DR. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | CHESTER GA | 3.4 CITY-ST-ZIP | |
| TITLE | ST <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCARBORO, ROSE ANN | 4.2 NAME | |
| STREET ADDRESS | ROUTE 1 BOX 191-1 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | CHESTER GA | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)