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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **744225**

1. Corporation Name

EVANGELICAL BIBLE MISSION TO THE PHILLIPINES, IN C.

Principal Place of Business	Mailing Address
526 PALMETTO ST. PO BOX 6397 WEST PALM BEACH FL 33405-397 US	P O BOX 6397 WEST PALM BEACH FL 33405-0397 US

2. Principal Place of Business 21 348 NORWICH D Suite, Apt. #, etc. 22 WEST PALM BEACH FL City & State 23 33417 Zip / Country 24 / 25 US	2a. Mailing Address 26 P O BOX 220565 Suite, Apt. #, etc. 27 WEST PALM BEACH FL City & State 28 33422-0565 Zip / Country 29 / 30 US	3. Date Incorporated or Qualifed 09/11/1978 4. FEI Number 59-1867556 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

WINSINGER, EDITH P
526 PALMETTO ST
W PALM BCH FL 33405

10. Name and Address of New Registered Agent

81 Name: EDITH P WINSINGER
82 Street Address (P.O. Box Number is Not Acceptable): 348 NORWICH D
83 WEST PALM BEACH
84 City: FL 85 Zip Code: 33417

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: Edith P. Winsinger DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CHRISANA, RICHERT		1.2 NAME		
STREET ADDRESS	736 ELAINE RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BEACH, FL 00000		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WINSINGER, DAVID R		2.2 NAME		
STREET ADDRESS	852 FORESTERIA DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE PARK, FL 00000		2.4 CITY-ST-ZIP		
TITLE	VSD	☐ DELETE	3.1 TITLE	VSD	☒ Change ☐ Addition
NAME	WINSINGER, EDITH P		3.2 NAME	EDITH P. WINSINGER	
STREET ADDRESS	~~526 PALMETTO ST~~		3.3 STREET ADDRESS	348 NORWICH D	
CITY-ST-ZIP	W PALM BEACH, FL 00000		3.4 CITY-ST-ZIP	W. PALM BEACH FL 33417	
TITLE	PD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	RICHERT, GEORGE E		4. 2 NAME		
STREET ADDRESS	736 ELAINE ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BEACH, FL 00000		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	EAST, VIOLET		5.2 NAME		
STREET ADDRESS	PO BOX 95		5.3 STREET ADDRESS		
CITY-ST-ZIP	FLEETWOOD NC 95		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: Edith P. Winsinger **SIGNATURE REQUIRED** EDITH P. WINSINGER APRIL 1, 1999 561/616-7999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #