FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **752272** **(5)**

1. Corporation Name
BRAZIL BIBLE MISSION, INC.

Principal Place of Business	Mailing Address
1702 LOFLIN CIR KNOXVILLE TN 37922	1702 LOFLIN CIR KNOXVILLE TN 37922

3. Date Incorporated or Qualified: 05/01/1980
3a. Date of Last Report: 04/14/1995

2. Principal Place of Business
21 11605 Gates Mill Dr.
22 Suite, Apt. #, etc.
23 City & State: Knoxville, TN
24 Zip: 37922 25 Country: Knox

2a. Mailing Address
26 7240 Kingston Pike
27 Suite, Apt. #, etc.: Suite 200-155
28 City & State: Knoxville, TN
29 Zip: 37919 30 Country: Knox

4. FEI Number: 59-2103612 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WEST, DAVID
2573 64TH PLACE NORTH
ST PETERSBURG FL 33702

10. Name and Address of New Registered Agent

81 Name: Rev. Mark K. Eveleth
82 Street Address (P.O. Box Number is Not Acceptable): 4411 - 100th Street West
83
84 City: Bradenton FL 85 Zip Code: 34210

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: Rev. Mark K. Eveleth — Rev. Mark K. Eveleth — 4/9/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD POLSON, SAMUEL L. 8304 CLEARWATER CT. KNOXVILLE TN	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition	2124 Dana Lane Knoxville, TN 37923
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD REITMAN, CARL 8344 CORTELAND DR KNOXVILLE TN	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DENNIS, REEDY 7020 CHARTWELL ROAD KNOXVILLE TN	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FALCONNIER, DAMON A 1702 LOFLIN CIR KNOXVILLE TN	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☒ Change ☐ Addition	11605 Gates Mill Dr. Knoxville, TN 37922
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition	

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Samuel L. Polson — 3-28-96 — (423)-690-0031
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #