

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90126 031 ****70.00

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DOCUMENT # 752272

1. Corporation Name

BRAZIL BIBLE MISSION, INC.

Principal Place of Business

11605 GATES MILL DRIVE
KNOXVILLE TN 37922
US

Mailing Address

11605 GATESMILL DR
SUITE 200-155
KNOXVILLE TN 37922
US



2. Principal Place of Business

21 **706-84th ST NW**

Suite, Apt. #, etc.

22

City & State

23 **BRADENTON, FL**

Zip

24 **34209**

Country

25

2a. Mailing Address

26 **706-84th ST NW**

Suite, Apt. #, etc.

27

City & State

28 **BRADENTON, FL**

Zip

29 **34209**

Country

30

3. Date Incorporated or Qualified

05/01/1980

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

9. Name and Address of Current Registered Agent

EVELETH, REV. MARK K.
4411 100TH STREET WEST
BRADENTON FL 34210

10. Name and Address of New Registered Agent

81 Name

PHILLIP D. MOSHER

82 Street Address (P.O. Box Number is Not Acceptable)

83 **706-84th ST NW**

84 City

BRADENTON

FL

85 Zip Code

34209

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

PHILLIP D. MOSHER **PHILLIP DAVID MOSHER**

2/15/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME **PD**
POLSON, SAMUEL L.
STREET ADDRESS **2124 DANA LANE**
CITY-ST-ZIP **KNOXVILLE TN**

TITLE ☐ DELETE

NAME **VD**
REITMAN, CARL
STREET ADDRESS **8344 CORTELAND DR**
CITY-ST-ZIP **KNOXVILLE TN**

TITLE ☐ DELETE

NAME **SD**
DENNIS, REEDY
STREET ADDRESS **7020 CHARTWELL ROAD**
CITY-ST-ZIP **KNOXVILLE TN**

TITLE ☐ DELETE

NAME **TD**
FALCONNIER, DAMON A
STREET ADDRESS **11605 GATES MILL DRIVE**
CITY-ST-ZIP **KNOXVILLE TN**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **PD**
PHILLIP D. MOSHER
1.3 STREET ADDRESS **706 84th ST NW**
1.4 CITY-ST-ZIP **BRADENTON, FL 34209**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: **PHILLIP D. MOSHER** **PHILLIP D MOSHER** **2/15/99** **(941) 761-3420**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)