DOCUMENT # 752272  1. Entity Name  BRAZIL BIBLE MISSION, INC.					FILED Jan 10, 2001 8:00 am Secretary of State				
Principal Place 706- 84TH ST BRADENTON US		Mailing Address  706- 84TH ST NW BRADENTON FL 34209 US			1	01-10-200	01 90084	041 ****	70.00
2. Principal F	Place of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI Numbe	59-2103612			oplied For ot Applicable
Zip Country		Zip	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required			litional	
	6. Name and Address of Current	Registered Agent	Name		7. Name and Address of New Registered Agent				
MOSHER, PHILLIP D 706- 84TH ST NW BRADENTON FL 34209				Street Address (P.O. Box Number is Not Acceptable)					
RKADENI	UN FL 34209		City		FL Zip Code				e
SIGNATURE .	Signature, typed or prigod name of registered agent FILE NOW: FEE IS \$61.25	and title if applicable (NOTE  9. Election Campaign Trust Fund Contrib		\$5.0	when reinstating)  O May Be to Fees		DATE  Check Partment		
10.	OFFICERS AND DI	RECTORS	11.	Δ	L ADDITIONS/CHA	NGES TO OFFICE	RS AND DIR	ECTORS IN	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOSHER, PHILLIP D 706 84TH ST NW BRADENTON FL 34209	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3				☐ Change	Addition S
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FALCONNIER, JOYCE R 11605 GATES MILL DR KNOXVILLE TN 37922	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	s				Change	☐ Addition   Š
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LESONZA, MIRIAM P 708-84TH ST NW BRADENTON FL 34209	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		** <u>***</u>			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FALCONNIER, DAMON A 11605 GATES MILL DRIVE KNOXVILLE TN	<b>⊠</b> Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP	Kai 30 Br	Necn E 1, 53 %, adenton,	Johnson ST West FL 3420	99	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS Mosher, Ruth E 706-84th St NW Bradenton FL 34209	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	, · · ·	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	☐ Addition
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address,	s true and accurate and that movered to execute this report :	ny signature shall as required by Ch	have the s napter 617,	ame legal effect , Florida Statutes	as if made under o	eath; that I an e appears in	an officer Block 10 or	or director Block 11 if

ANUIPHILLE DAVID Mosh or

94/-76/-3420 Daytime Phone #