FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Mar 06 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #
1. Corporation Name

756437

(0)

BAPTIST MISSIONS TO FORGOTTEN PEOPLES, INC.

DALTIO	7 1910010110 10 10110011		***************************************				
Principal Place of Business		Mailing Address		I CERTIFICATION BUILD STATE INSTITUTE	#1 W1W11 W1B14 E1B14 W1B11 #11	AN MINN HAM	
541 PERMENTO JACKSONVILLE US		P O BOX 37043 JACKSONVILLE FL 32236-	7043				
					3. Date Incorporated or Qualified 02/19/1981	3a. Date of Last R 03/07/199	
Principal Place of Business The Principal Place of Business The Principal Place of Business		2a. Mailing Address 26		4. FEI Number 59-2113497	Applied For Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc. 27		5. Certificate of Status Desired \$8.75 Additional Fee Required			
City & State		City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Country		8. This corporation has liability for intangible tax under s. 199.032,		
24	25 29 9. Name and Address of Current Registered Agent		30		Florida Statutes Yes No 10. Name and Address of New Registered Agent		
	· · · · · · · · · · · · · · · · · · ·		81	Name	10. Ivania and Addition of Hell (10	Jistorou Agent	
POWELL	., GARLAND C.			Street Add	roce (D.O. Doy Number in Not Assentable	(a)	
2855 PARRISH CEMETARY RD.			[6	82 Street Address (P.O. Box Number is Not Acceptable)			
JACKSO	NVILLE FL 32221		8:	3			
			84	City		FL 85 Zip	Code
11. Pursuant office or agent it a	to the provisions of Sections 617.05f registered agent, or both, in the State am familiar with, and accept the only state of the state	Town C	Garl	and Po	poration submits this statement for the p tion's board of directors. I hereby accep well Prosident	urpose of changing It the appointment as	is registered registered
12.		ND DIRECTORS	13.	go in organization rodge	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	RS IN 12
TITLE	T	DELETE	1.1 TITLE			☐ Change	Addition
NAME	ALDERMAN, MAX		1.2 NAME	:			
STREET ADDRESS	151 NORTHSIDE DRIVE EAST	ſ	1.3 STREE	ET ADDRESS			
CITY-ST-ZIP	STATESBORO GA	···	1.4 CITY-	ST-ZIP			
TITLE	00		2.1 TITLE			L Change	Addition
NAME	PLEDGER, KEN O.		2.2 NAME				
STREET ADORESS	1532 LONG BAY RD.			T ADDRESS			
CITY-ST-ZIP TITLE	MIDDLEBURG FL PD	DELETE 31		- ST - ZIP	**	Change	Addition
NAME	POWELL, GARLAND C	and others	3.2 NAME			Change	Addition
STREET ADDRESS	2855 PARRISH CEMET. RD.			ET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 00000		3.4. CITY	-ST-ZIP			
TITLE	D	DELETE	4.1 TITLE			Change	Addition
NAME	BURGE, EUGENE M		4. 2 NAM	E			
STREE1 ADDRESS	2851 PARRISH CEMET, RD.		4.3 STREE	ET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 00000		4.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE	ŀ	•	Change	Addition
NAME			5.2 NAME	ľ			
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP		DELETE	5.4 CITY-			Change	Addition
TITLE NAME			6.1 TITLE			Change	Addition
STREET ADDRESS			6.2 NAME	ET ADDRESS			
CHY-ST-ZIP			6.4 CITY-				
14. I do here	i by certify that the information supplie	ed with this filing does not qua	lify for the ex	emption stated	d in Section 119.07(3)(i), Florida Statutes	s. I further certify that	the
informatio Lam an c	on indicated on this annual report or .	supplemental annual report is ir the receiver or trustee empo	true and acc wered to exe	curate and that	t my signature shall have the same lega rt as required by Chapter 617, Florida S	l affact as if made un	der eath: that