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NONPROFIT CORPORATION ANNUAL REPORT **1999**

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

DOCUMENT # 756437

1. Corporation Name

BAPTIST MISSIONS TO FORGOTTEN PEOPLES, INC.

372416 - 90035 - 41

Principal Place of Business	Mailing Address
541 PERMENTO AVENUE JACKSONVILLE FL 32220 US	P O BOX 37043 JACKSONVILLE FL 32236

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/19/1981
Suite, Apt. #, etc: 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2113497 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

POWELL, GARLAND C.
2855 PARRISH CEMETARY RD.
JACKSONVILLE FL 32221

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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 _____ 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	T	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ALDERMAN, MAX		1.2 NAME		
STREET ADDRESS	151 NORTHSIDE DRIVE EAST		1.3 STREET ADDRESS		
CITY-ST-ZIP	STATESBORO GA		1.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PLEDGER, KEN O.		2.2 NAME		
STREET ADDRESS	1532 LONG BAY RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIDDLEBURG FL		2.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE	Director	☒ Change ☐ Addition
NAME	POWELL, GARLAND C		3.2 NAME	Powell Garland C	
STREET ADDRESS	2855 PARRISH CEMET. RD.		3.3 STREET ADDRESS	2855 Parrish Cemet. Rd.	
CITY-ST-ZIP	JACKSONVILLE, FL 00000		3.4 CITY-ST-ZIP	Jacksonville, Fl 32220	
TITLE	D	☐ DELETE	4.1 TITLE	President / Director	☒ Change ☐ Addition
NAME	BURGE, EUGENE M		4.2 NAME	Burge Eugene M	
STREET ADDRESS	2851 PARRISH CEMET. RD.		4.3 STREET ADDRESS	589 Raindrop Drive	
CITY-ST-ZIP	JACKSONVILLE, FL 00000		4.4 CITY-ST-ZIP	Jacksonville, Fl 32221	
TITLE		☐ DELETE	5.1 TITLE	Director / Secretary	☐ Change ☒ Addition
NAME			5.2 NAME	William Ross	
STREET ADDRESS			5.3 STREET ADDRESS	541 Permento Ave	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Jacksonville, Fl 32220	
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: /s/ Eugene Burge President 3-24-99 904-783-4007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SIGNATURE REQUIRED