2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # 756437

1. Entity Name
BAPTIST MISSIONS TO FORGOTTEN PEOPLES, INC.

Principal Place of Business	Mailing Address
3787 OLD MIDDLEBURG RD SUITE #2 JACKSONVILLE, FL 32210 US	P O BOX 37043 JACKSONVILLE, FL 32236

DO NOT WRITE IN THIS SPACE

01072004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2113497

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HUISINGA, ROBERT J
5525 BRISTOL BAY LANE N
JACKSONVILLE, FL 32244

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

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

100003110596
04/12/04--01030--007 61.25

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	ALDERMAN, MAX
STREET ADDRESS	151 NORTHSIDE DRIVE EAST
CITY-ST-ZIP	STATESBORO, GA
TITLE	D
NAME	POWELL, GARLAND C
STREET ADDRESS	2855 PARRISH CEMET. RD.
CITY-ST-ZIP	JACKSONVILLE, FL 32220
TITLE	PD
NAME	BURGE, EUGENE M
STREET ADDRESS	3787 OLD MIDDLEBURG RD SUITE #2
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	DS
NAME	ROSS, WILLIAM
STREET ADDRESS	3787 OLD MIDDLEBURG RD SUITE #2
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: M. Eugene Burge 3/30/2004 904-783-4007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #