

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # 756437

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



Principal Place of Business
**3787 OLD MIDDLEBURG RD
SUITE #2
JACKSONVILLE, FL 32210 US**

Mailing Address
**P O BOX 37043
JACKSONVILLE, FL 32236**



01042007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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
3729 CARDINAL OAKS CIRCLE
ORANGE PARK, FL 32065**

**DO NOT WRITE
IN THIS SPACE**

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
ALDERMAN, MAX
151 NORTHSIDE DRIVE EAST
STATESBORO, GA**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
POWELL, GARLAND C
2855 PARRISH CEMET. RD.
JACKSONVILLE, FL 32220**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BURGE, EUGENE M
3787 OLD MIDDLEBURG RD SUITE #2
JACKSONVILLE, FL 32210**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

000000588511
01/17/07-80075-010-61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/07 904-288-6166
Date Daytime Phone #