## **2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # 756437** 



## FILED Apr 28, 2003 8:00 am § Secretary of State

BAPTIST	MISSIONS TO FORGOTTEN	PEOPLES, INC.			) 04	-28-2003 91840 03	8 ****61.	.25
Principal Place 3787 OLD MID SUITE #2 JACKSONVILLE US		Mailing Address P O BOX 37043 JACKSONVILLE FL 32236	<u> </u>			ANNI ANDRE NINI IDAN KIRNI DIDIN	I 840KI 01UKI 8KE	II BIBII NEUL
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number 59-2113497 Applied For Not Applicable			
Zip	Country	Zip	Count	ry	5. Certificate of State	us Desired	\$8.75 Add	ditional
	6. Name and Address of Current	Registered Agent	<del>'</del>		7. Name and Addre	ss of New Registered A	aent	
HUISINGAOU, ROBERT J 5525 BRISTOL BAY LANE N					(P.O. Box Number is Not Acceptable)			
JACKSOI	NVILLE FL 32244							
				City	1	FL	Zip Code	e
	e named entity submits this statement for tions of registered agent	or the purpose of changing its	registered	office or registe	ered agent, or both, in the	State of Florida. I am fa	amiliar with,	and accept
		-						
SIGNATURE	Signature typed or printed name of registered agent	and title if applicable (NOI	E: Registered A	nent eignature require				
	argulation of philips rathe of registered agent	(110 )		Saur siðusrólið ledalla	ed when reinstating)	DATE		
<del>-</del>	•			gant signature require	d when reinstating)	DAIE		
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12. I hereby certify that the information supplied with this filling 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 expower of to execute it is 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 appropriate the provinced.

**SIGNATURE:**