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May 09 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 813267 (2)

1. Corporation Name

MISSIONARY BOARD OF THE BRETHREN CHURCH

Principal Place of Business

524 COLLEGE AVENUE
ASHLAND OH 44805

Mailing Address

524 COLLEGE AVENUE
ASHLAND OH 44805-3703

3. Date Incorporated or Qualified
12/22/1958

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

34-0718394

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LESCHE, PHIL
6301 56TH AVE N
ST PETERSBURG FL 33709

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME CURTIS, WILLIAM
STREET ADDRESS 1540 W. CHAPALA DRIVE
CITY-ST-ZIP TUCSON AZ

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME HUBER, STEVEN
STREET ADDRESS 921 MOSS HILL DRIVE
CITY-ST-ZIP ASHLAND OH

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE P
NAME GILMER, ARDEN
STREET ADDRESS 619 PARK ST
CITY-ST-ZIP ASHLAND OH

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME HUTCHINSON, RICHARD
STREET ADDRESS 5085 OTTER CREEK DRIVE
CITY-ST-ZIP MILLEDGEVILLE IL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE S
NAME GENTLE, STANLEY
STREET ADDRESS 1031 EL MARNA
CITY-ST-ZIP ASHLAND OH

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME STOFFER, DALE
STREET ADDRESS 2217 OAKCREST LANE
CITY-ST-ZIP ASHLAND OH

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

CR2E037 (9/96)