


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90127 026 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 813267**

1. Corporation Name  
**MISSIONARY BOARD OF THE BRETHERN CHURCH**

Principal Place of Business 524 COLLEGE AVENUE ASHLAND OH 44805	Mailing Address 524 COLLEGE AVENUE ASHLAND OH 44805
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/22/1958
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 34-0718394
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent

**LERSCH, PHIL**  
**6301 56TH AVE N**  
**ST PETERSBURG FL 33709**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DREYER, CANDY	
STREET ADDRESS	2480 W PLACITA ALGODON	
CITY-ST-ZIP	TUCSON AZ 85741	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHMIEDT, ALAN	
STREET ADDRESS	20687 S MANTECA RD	
CITY-ST-ZIP	MANTECA CA 95336	
TITLE	P	<input type="checkbox"/> DELETE
NAME	GILMER, ARDEN	
STREET ADDRESS	619 PARK ST	
CITY-ST-ZIP	ASHLAND OH	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HUTCHINSON, RICHARD	
STREET ADDRESS	5085 OTTER CREEK DRIVE	
CITY-ST-ZIP	MILLEDGEVILLE IL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GENTLE, STANLEY	
STREET ADDRESS	1031 EL MARNA	
CITY-ST-ZIP	ASHLAND OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STOFFER, DALE	
STREET ADDRESS	2217 OAKCREST LANE	
CITY-ST-ZIP	ASHLAND OH	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D NYE, OWEN
4.3 STREET ADDRESS	BOX 414
4.4 CITY-ST-ZIP	MILLEDGEVILLE, IL 61051
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *Stanley Gentle* **STANLEY GENTLE**, TREASURER 4/28/99 419-289-1708

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)

ADDENDUM

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53215890127.26

MISSIONARY BOARD OF THE BRETHREN CHURCH  
524 College Avenue  
Ashland, OH 44805

#12 Directors and Officers

<u>NAMES OF DIRECTORS</u>	<u>TITLE</u>	<u>STREET ADDRESS</u>	<u>CITY &amp; STATE</u>
BAKER, Beverly	D	1127 Byron Drive	South Bend, IN 46614
HOLLINGER, James	D	59147 Lower Dr, R7	Goshen, IN 46526
MILLER, Fred	D	RR 1, Box 421	McGaheysville, VA 22840
MINOR, Floyd	D	1421 S Margrave	Fort Scott, KS 66701
NIES, Curt	D	110 W Church Street	Masontown, PA 15461
SMITH, Reilly	S	1055 W. Main	Ashland, OH 44805
STONE, David	D	150 N. Shade	Sarasota, FL 34237
WINFIELD, Kay	D	630 Buena Vista	Ashland, OH 44805