

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 813267

FILED
Apr 26, 2005
Secretary of State

Entity Name: MISSIONARY BOARD OF THE BRETHREN CHURCH

Current Principal Place of Business:

524 COLLEGE AVENUE
ASHLAND, OH 44805

New Principal Place of Business:

Current Mailing Address:

524 COLLEGE AVENUE
ASHLAND, OH 44805

New Mailing Address:

FEI Number: 34-0718394 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HUNN, KEN
Address: 738 U.S. HIGHWAY 42
City-St-Zip: ASHLAND, OH 44805

Title: D () Delete
Name: SILVA, DOROTHY
Address: 20458 TINNIN ROAD
City-St-Zip: MANTECA, CA 95337

Title: D () Delete
Name: WALK, WILLIAM
Address: 32 S CHURCH STREET
City-St-Zip: NEW LEBANON, OH 45345

Title: D () Delete
Name: OWENS, JOYCE
Address: 220 E LOCUST ST
City-St-Zip: LANARK, IL 61046

Title: T () Delete
Name: GENTLE, STANLEY,
Address: 1031 EL MARNA
City-St-Zip: ASHLAND, OH 44805

Title: D () Delete
Name: STOUT, KURT
Address: 407 N. SYCAMORE ST
City-St-Zip: NORTH MANCHESTER, IN 46962

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SHULTZ, WILLIAM
Address: 1892 WILLIS CHURCH RD
City-St-Zip: BERLIN, PA 15530

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STANLEY GENTLE

T

04/26/2005

Electronic Signature of Signing Officer or Director

_____ Date