

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 813267

FILED  
Apr 24, 2007  
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: CORBITT, JIM  
Address: 256 HICKORY LN  
City-St-Zip: FORT VALLEY, VA 22652

Title: D      ( ) Delete  
Name: MOORE, BRIAN  
Address: 8962 LIGHT ST  
City-St-Zip: WILLIAMSPORT, MD 21795

Title: D      ( ) Delete  
Name: SODEN, SCOTT  
Address: 3412 POLK AVE  
City-St-Zip: CHEYENNE, WY 82001

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

Title: D      ( ) Delete  
Name: SOLOMON, JAN  
Address: 9011 MIDMIGHT PASS RD, #328  
City-St-Zip: SARASOTA, FL 34234

**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: SCHIEFER, TOM  
Address: 453 E MARION ST  
City-St-Zip: NAPPANEE, IN 46550

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

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

Title: D      (X) Change ( ) Addition  
Name: WOODS, MIKE  
Address: 116 MARGATE CT  
City-St-Zip: WINCHESTER, VA 22602

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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

04/24/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date