

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 813267

FILED
Apr 29, 2008
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: SCHIEFER, TOM
Address: 453 E MARION ST
City-St-Zip: NAPPANEE, IN 46550

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: WOODS, MIKE
Address: 116 MARGATE CT
City-St-Zip: WINCHESTER, VA 22602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: BAKER, LARRY
Address: 1719 BROOKMEDE DR
City-St-Zip: SOUTH BEND, IN 46614

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

Title: D (X) Change () Addition
Name: MOORE, JOHN
Address: 355 HERITAGE PKY
City-St-Zip: NAPPANEE, IN 46550

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 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

04/29/2008

Electronic Signature of Signing Officer or Director

_____ Date