## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1998 DOCUMENT #

CONSERVATIVE BAPTIST HOME MISSION SOCIETY

FILED
Apr 28 1998 8:00am
Secretary of State

Principal Place	of Business	Malling Address				- I TOBUDI 1919) TUDDI NORIS BOLID DIRKI SKOL DIGIL BURIT BURIT GUDIL BURIT BURIT BURIT BURIT BURIT BURIT BURIT	
25W560 GENEVA ROAD P.O. BOX 828 WHEATON IL 80189-0828		25W560 GENEVA ROAD P.O. BOX 828 WHEATON IL 60189-0828			3. Date Incorporated or Qualified  07/24/1964  4. FEI Number Applied For Not Applicable		
<b>—</b>	ace of Business	2a. Malling Address				5. Certificate of Status Desired S8.75 Additional Fee Regulred	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			8. Election Campaign Financing \$5.00 May Be		
22		27				Trust Fund Contribution Added to Fees	
City & State		City & State			7. Is this nonprofit corporation a homeowners association?  Yes No		
∠ip			Cour	ntry		8. This corporation owes or has paid the current year Intangible	
24	25	29	30	30		Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent	
	9. Name and Address of Current	Uadiatatan võetir		81	Name	10. Italia alia Addisse di Nesi Negletelea Agent	
REYES, OMAR				82	Street Addre	ess (P.O. Box Number is Not Acceptable)	
4743 ME	SA VERDE DR		L				
ST. CLO	UD FL 34769			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							
12.	Signature, typed or printed name of registered agent OFFICERS AND		TE: Registered	Ager	nt eignature require	ed when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TOLE [	DP OFFICERS AND	DELETE	1.1 10	LE		Change Addition	
NAME	DAVIS, DONALD	_	1.2 NA	ME			
STREET ADDRESS	1215 MARLBOROUGH AVE		1.3 ST	REET /	ADDRESS		
CITY-ST-ZIP	INGLEWOOD CA		1.4 CITY-		T-ZIP		
TITLE	D DIGHTED A AMARE	DELETE	2.1 TITLE 2.2 NAME			☐ Change ☐ Addillon	
NAME STREET ADDRESS	RICHARD A. MILLER 25W560 GENEVA ROAD			-	ADORESS		
CITY-ST-ZIP	WHEATON, IL 00000		2.4 City				
TITLE	DT	<b>▼</b> DELETE	3.1 TIT			☐ Change ☐ Addition	
NAME	JEFFREYS, RICHARD GREY		3.2 NA	ME			
STREET ADDRESS	25W560 GENEVA ROAD				ADDRESS		
CITY-ST-ZIP			3.4. CC		T-ZIP	Change Addition	
TITLE NAME	ds Monahan, Cindy	<u> </u>		AME		Change I roomon	
STREET ADDRESS	11 GREENFIELD DR.				ADDRESS		
CITY-ST-ZIP	SOMERSWORTH NH		4.4 CI1				
TITLE	DV	☐ DELETE	5.1 TIT	LE		☐ Change ☐ Addition	
NAME	SCANDRETT, GREG		5.2 NA	ME			
STREET ADDRESS	428 W. COTA				ADDRESS		
CITY-ST-ZIP	SHELTON WA	<b>≥</b> DELETE	5.4 CITY-5 6.1 TITLE		T-ZIP	☐ Change ☐ Addition	
TITLE	D MOLTEN IAMES	TAB DELETE	6.1 III 6.2 NA			பு மன்கு ெ பலயமா	
NAME STREET ADDRESS	NOLTEN, JAMES 3030 CARNEGIE DR.				ADDRESS		
CITY-ST-ZIP	STATE COLLEGE PA		5.4 City				
14. I hereby o	ertify that the information supplied wit	h this filing does not qualify	for the exe	mpt	tion 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.							

**SIGNATURE:** 

Donald Davis, President

3/30/98