

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 30, 1999 8:00 am**  
**Secretary of State**

03-30-1999 90029 041 \*\*\*\*61.25

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**DOCUMENT # 818067**

1. Corporation Name

**CONSERVATIVE BAPTIST HOME MISSION SOCIETY**

Principal Place of Business  
25W560 GENEVA ROAD  
P.O. BOX 828  
WHEATON IL 60189-0828

Mailing Address  
25W560 GENEVA ROAD  
P.O. BOX 828  
WHEATON IL 60189-0828



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

**07/24/1964**

4. FEI Number

**36-2225484**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**REYES, OMAR**  
**4743 MESA VERDE DR**  
**ST. CLOUD FL 34769**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☒ DELETE

NAME **DAVIS, DONALD**  
STREET ADDRESS **1215 MARLBOROUGH AVE**  
CITY-ST-ZIP **INGLEWOOD CA**

TITLE DS ☐ DELETE

NAME **MONAHAN, CINDY**  
STREET ADDRESS **11 GREENFIELD DR.**  
CITY-ST-ZIP **SOMERSWORTH NH**

TITLE DV ☒ DELETE

NAME **SCANDRETT, GREG**  
STREET ADDRESS **428 W. COTA**  
CITY-ST-ZIP **SHELTON WA**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☐ Change ☒ Addition

1.2 NAME **Rev. Gregory Scandrett**  
1.3 STREET ADDRESS **428 W. Cota**  
1.4 CITY-ST-ZIP **Shelton, WA 98584**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE DV ☐ Change ☒ Addition

3.2 NAME **Rev. Michel Faulkner**  
3.3 STREET ADDRESS **166 W. 92nd Street**  
3.4 CITY-ST-ZIP **New York, NY 10025**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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. (630) 260-3800

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gregory M. Scandrett 3/18/99

Date

Daytime Phone #

CR2E037 (11/98)