

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 03, 1999 8:00 am
Secretary of State

03-03-1999 90025 010 ****61.25

DOCUMENT # 836893

1. Corporation Name

AMERICAN BAPTIST FOREIGN MISSION SOCIETY, "INCORPORATED"

Principal Place of Business

RTE 363 & FIRST AVE
P O BOX 851
VALLEY FORGE PA 19482-0851

Mailing Address

RTE 363 & FIRST AVE
P O BOX 851
VALLEY FORGE PA 19482-0851



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

08/23/1976

4. FEI Number

13-5563392

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

STULL, HAROLD
23371 BLUEWATER CR #C:514
BOCA RATON FL 33433

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 ☐ DELETE

NAME PD
DEAN, JUDITH H
STREET ADDRESS 31 GENEVA ROAD
CITY-ST-ZIP MELROSE MA 02176

TITLE ☐ DELETE

NAME VD
HACKNEY, CALVIN L
STREET ADDRESS 5752 KEMBLE AVE
CITY-ST-ZIP PHILADELPHIA PA 19141

TITLE ☐ DELETE

NAME MD
SUNDQUIST, JOHN A. R
STREET ADDRESS NO. 29 MILITIA HILL DRIVE
CITY-ST-ZIP WAYNE PA

TITLE ☒ DELETE

NAME S
HOFFMAN, JOAN F.
STREET ADDRESS 218 GLENWOOD ROAD
CITY-ST-ZIP KING OF PRUSSIA PA

TITLE ☐ DELETE

NAME T
BORQUIST, BRUCE R.
STREET ADDRESS 45 BRIMFIELD ROAD
CITY-ST-ZIP AUDUBON PA

TITLE ☐ DELETE

NAME AT
SUTTON, ERNEST L
STREET ADDRESS 8710 MARSHALL ROAD
CITY-ST-ZIP WYNDMOOR PA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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.

SIGNATURE:

Bruce R. Borquist
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Treasurer

1-18-99

Date

610/768-2205

Daytime Phone #

CR2E037 (4/1/98)