

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 842195 (0)
1. Corporation Name
GENERAL BAPTIST HOME MISSION BOARD, INC.



Principal Place of Business

Mailing Address

100 STINSON DRIVE
POPLAR BLUFF MO 63901

100 STINSON DRIVE
POPLAR BLUFF MO 63901

3. Date Incorporated or Qualified
12/31/1979

3a. Date of Last Report
02/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRITTAIN, REV. FRED
12389 HONEYBROOK DR.
HUDSON FL 34669**

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

02/19/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **ST** ☐ DELETE
NAME **WILLIAMS, BARBARA**
STREET ADDRESS **RR 1 BOX 14**
CITY-ST-ZIP **BROSELEY MO**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **P** ☐ DELETE
NAME **DUNCAN, LELAND R**
STREET ADDRESS **100 STINSON DRIVE**
CITY-ST-ZIP **POPLAR BLUFF MO**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **D** ☐ DELETE
NAME **BOYER, JACK D**
STREET ADDRESS **6522 OLD HWY., 66**
CITY-ST-ZIP **NEWBURGH IN**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **V** ☒ DELETE
NAME **ALCORN, OREN**
STREET ADDRESS **P O BOX 116 N/A**
CITY-ST-ZIP **AVA MO**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☒ Addition

TITLE **D** ☐ DELETE
NAME **KERR, RUDD**
STREET ADDRESS **248 KERR-HUFF RD.**
CITY-ST-ZIP **LEITCHFIELD KY**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE **D** ☐ DELETE
NAME **HAZELWOOD, AWIN**
STREET ADDRESS **1051 HEBER SPRINGS RD WEST**
CITY-ST-ZIP **HEBER SPRINGS AR**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/19/96

573/785-7746

Date

Debit Phone #

CR2E037 (12/95)