

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 19 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 63901100 STINSON DRIVE
POPLAR BLUFF MO 63901-87383. Date Incorporated or Qualified
12/31/19793a. Date of Last Report
02/22/1996

4. FEI Number

35-6030622

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

Country

28 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 34689

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
ST
WILLIAMS, BARBARA
STREET ADDRESS
RR 1 BOX 14
CITY - ST - ZIP
BROSELEY MO☐ DELETE1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
☐ Change ☐ AdditionTITLE
NAME
P
DUNCAN, LELAND R
STREET ADDRESS
100 STINSON DRIVE
CITY - ST - ZIP
POPLAR BLUFF MO☐ DELETE2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
☐ Change ☐ AdditionTITLE
NAME
D
BOYER, JACK D
STREET ADDRESS
6522 OLD HWY., 88
CITY - ST - ZIP
NEWBURGH IN☐ DELETE3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
☐ Change ☐ AdditionTITLE
NAME
D
MARLER, FAYE
STREET ADDRESS
P.O. BOX 622 N/A
CITY - ST - ZIP
FISK MO☐ DELETE4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
☐ Change ☐ AdditionTITLE
NAME
V
KERR, RUDD
STREET ADDRESS
P.O. BOX 487 N/A
CITY - ST - ZIP
LEITCHFIELD KY☐ DELETE5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
☐ Change ☐ AdditionTITLE
NAME
D
HAZELWOOD, AWIN
STREET ADDRESS
1051 HEBER SPRINGS RD WEST
CITY - ST - ZIP
HEBER SPRINGS AR☒ DELETE6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
D
SWAIN, JOHN
1344 MT GILEAD ROAD
BOONVILLE IN 47601
☐ Change ☒ Addition

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/97

Date

573/785-7746

Daytime Phone #

NOTARMS

CR2E037 (9/96)