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Apr 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 842195 (0)
1. Corporation Name
GENERAL BAPTIST HOME MISSION BOARD, INC.



Principal Place of Business 100 STINSON DRIVE POPLAR BLUFF MO 63901	Mailing Address 100 STINSON DRIVE POPLAR BLUFF MO 63901
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3. Date Incorporated or Qualified 12/31/1979
4. FEI Number 35-6030622
Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent BRITTAIN, REV. FRED 12389 HONEYBROOK DR. HUDSON FL 34669
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10. Name and Address of New Registered Agent 81 Name MCMILLEN, WILLIAM G. 82 Street Address (P.O. Box Number is Not Acceptable) 5823 MELALEUCA DR 83 84 City HOLIDAY FL 85 Zip Code 34690

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 *William G. McMillen* DATE **4/17/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE ST	<input checked="" type="checkbox"/> DELETE
NAME WILLIAMS, BARBARA	
STREET ADDRESS RR 1 BOX 14	
CITY-ST-ZIP BROSELEY MO	
TITLE P	<input checked="" type="checkbox"/> DELETE
NAME DUNCAN, LELAND R	
STREET ADDRESS 100 STINSON DRIVE	
CITY-ST-ZIP POPLAR BLUFF MO	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME BOYER, JACK D	
STREET ADDRESS 6522 OLD HWY., 66	
CITY-ST-ZIP NEWBURGH IN	
TITLE D	<input type="checkbox"/> DELETE
NAME MARLER, FAYE	
STREET ADDRESS P.O. BOX 622 N/A	
CITY-ST-ZIP FISK MO	
TITLE V	<input checked="" type="checkbox"/> DELETE
NAME KERR, RUDD	
STREET ADDRESS P.O. BOX 487 N/A	
CITY-ST-ZIP LEITCHFIELD KY	
TITLE D	<input type="checkbox"/> DELETE
NAME SWAIN, JOHN	
STREET ADDRESS 1344 MT. GILEAD ROAD	
CITY-ST-ZIP BOONVILLE IN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME ACRE, BARBARA	
1.3 STREET ADDRESS RR 1 BOX 42	
1.4 CITY-ST-ZIP BROSELEY, MO	
2.1 TITLE P/M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME KOKER, EUGENE	
2.3 STREET ADDRESS 2221 ORR RD	
2.4 CITY-ST-ZIP POPLAR BLUFF, MO	
3.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME MORRIS, GERALD	
3.3 STREET ADDRESS 1280 HOMECREST	
3.4 CITY-ST-ZIP PIGGOTT, AR	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE V/C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME KEARBEY, SHARON	
5.3 STREET ADDRESS 901 ORIOLE	
5.4 CITY-ST-ZIP JONESBORO, AR	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Eugene Koker* DATE: **4/20/98** (573) 785-7746

CR2E037 (10/97)