

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 14 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 # 844507 (4)
 1. Corporation Name
MENNONITE BOARD OF MISSIONS INCORPORATED

Principal Place of Business 500 S. MAIN ST. P.O. BOX 370 ELKHART IN 46515-0370	Mailing Address 500 S. MAIN ST. P.O. BOX 370 ELKHART IN 46515-0370
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 11/01/1979	4. FEI Number 35-0893507	Applied For <input type="checkbox"/> Not Applicable
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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	

9. Name and Address of Current Registered Agent
MARTIN, RAYMOND
5245 MENNO SIMONS PARKWAY
SARASOTA FL 34232

10. Name and Address of New Registered Agent	81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
				FL	

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	P GREEN, STANLEY W 203 MT. VERNON GOSHEN IN	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S EICHORN, BARBARA J. 202 S. 23RD GOSHEN, IN 4	1.2 NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	D BONTRAGER, HERMAN 908 OAK ST AKRON PA 17501	1.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	VP YODER, RONALD E 1504 S 8TH ST GOSHEN IN	1.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
	T BURKHOLDER, EDWARD L. 58333 IRONWOOD ELKHART, IN 00000	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
	D CHANDLER, MICHAEL A. 3500 MACKLAND AVE. ALBUQUERQUE NM	2.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
		2.3 STREET ADDRESS 20947 SR 119
		2.4 CITY-ST-ZIP Goshen IN 46526-9141
		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.3 STREET ADDRESS 219 Coral St
		6.4 CITY-ST-ZIP Lancaster PA 17603

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:

[Signature]

4/7/98

219 294-7523

CR2037 (10/97)

**Mennonite Board of Missions
BOARD OF DIRECTORS
April 1998**

Herman Bontrager, 908 Oak St, Akron PA 17501-1477

Linda Blades, 3108 W 84th St A, Inglewood CA 90305

Michael A. Chandler, 219 Coral St, Lancaster PA 17603

Tesfatsion Dalellew, 5214 S 297th Place, Auburn WA 98001

John W. Eby, 14 S Seasons Dr, Dillsburg PA 17019

Jean-Jacques Goulet, 6703-92B Ave, Edmonton AB T6B 0V8

Virgo Handojo, 451 Ford Pl #1, Pasadena CA 91101

Nancy Heisey, 1389 Route 100, Barto PA 19504

Ana Rosa Irlanda, C-Oeste 0-13, Ciudad Universitaria, Trujillo Alto PR 00760

N. Leroy Kauffman, 141 Oak Park Dr, Clyde NC 28721

Kay Nussbaum, 9850 Heron Ave N, White Bear Lake MN 55110

Sally Schreiner, 6728 N Bosworth #3N, Chicago IL 60626