


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90097 008 ****61.25

DOCUMENT # N02000006332

1. Entity Name
BAHAMAS MISSION INTERNATIONAL MINISTRY, INC.



Principal Place of Business Mailing Address

**626 REDDICK ST
MELBOURNE FL 32901-7112** **626 REDDICK ST
MELBOURNE FL 32901-7112**


2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. **P.O. Box 2487**
Suite, Apt. #, etc.

City & State **Melbourne, FL**

Zip Country Zip Country
32902-2487 USA

11008893



CHECK HERE IF MAKING CHANGES

4. FEI Number Applied For
33-1025015 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HARRISON, JOHNNIE D
626 REDDICK ST
MELBOURNE FL 32901-7112**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HARRISON, JOHNNIE	
STREET ADDRESS	626 REDDICK ST	
CITY-ST-ZIP	MELBOURNE FL 32901-7112	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ANDERSON, SHIRLEY B	
STREET ADDRESS	P.O. BOX 284	
CITY-ST-ZIP	SEBRING FL 33871-0284	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GRANT, WILLIAM	
STREET ADDRESS	PRINCE CHARLES DR	
CITY-ST-ZIP	NASSAU BAHAMAS	
TITLE	M	<input type="checkbox"/> Delete
NAME	SHAZLER-HILL, MARILYN	
STREET ADDRESS	1710 NW 27TH TERR	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRIS, BETTY B	
STREET ADDRESS	8085LAN ARK STE #D	
CITY-ST-ZIP	STOCKTON CA 95210	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	235 Cedarview Drive	
CITY-ST-ZIP	Nashville, TN 37102	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Johnnie D. Harrison* **APRIL 29, 2003** (321) 951-0590

CR2E037 (10/02)