LE NOW: FILING FEE IS $61.25

FIT
ION
PORT

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

T # P22934 (4)

THREN HOME MISSIONS COUNCIL, INC.

Principal Place of Business
PO BOX 587
WINONA LAKE IN 46590

Mailing Address
PO BOX 587
WINONA LAKE IN 46590

3. Date Incorporated or Qualified: 02/09/1989
3a. Date of Last Report: 01/26/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: 35-0905946 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. **Name and Address of Current Registered Agent**

HALL, RALPH C.
5708 34TH COURT, WEST
BRADENTON FL 34209

10. **Name and Address of New Registered Agent**

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 agent is an entity other than an individual — (NOTE: Registered Agent signature required when name changed) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (CONT'D.)		
TITLE	P	☒ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	KAUFFMAN, LUKE E.		1.2 NAME	Mr. James Shipley	
STREET ADDRESS	12920 WELLSFORD CIRCLE		1.3 STREET ADDRESS	803 Arbor Lane	
CITY-ST-ZIP	ANCHORAGE AK		1.4 CITY-ST-ZIP	Winona Lake, IN 46590	
TITLE	D	☐ DELETE	2.1 TITLE	P	☑ Change ☐ Addition
NAME	CUSTER, JAMES L.		2.2 NAME		
STREET ADDRESS	2515 CARRIAGE LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	POWELL OH		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CHAMBERLAIN, LARRY N		3.2 NAME		
STREET ADDRESS	108 APPLE CT		3.3 STREET ADDRESS		
CITY-ST-ZIP	WINONA LAKE IN		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MICHAEL, JERRY		4.2 NAME		
STREET ADDRESS	ROUTE 4 - 105 MEADOW DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	MARTINSBURG WV		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	BURGESS, MORGAN		5.2 NAME	Rev. Louis Huesmann	
STREET ADDRESS	163 N. FRANKLIN STREET		5.3 STREET ADDRESS	3510 Walnut Avenue	
CITY-ST-ZIP	DELAWARE OH		5.4 CITY-ST-ZIP	Long Beach, CA 90807	
TITLE	V	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	FETTERHOFF, ROBERT D.		6.2 NAME		
STREET ADDRESS	912 DOUGLAS DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	WOOSTER OH		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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] 2-12-96 219/267-5161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #