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FILED

Feb 24 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P22934 (4)

1. Corporation Name

GRACE BRETHREN HOME MISSIONS COUNCIL, INC.

Principal Place of Business

PO BOX 587
WINONA LAKE IN 46590

Mailing Address

PO BOX 587
WINONA LAKE IN 46590-0587

3. Date Incorporated or Qualified

02/09/1989

3a. Date of Last Report

02/22/1996

4. FEI Number

35-0905946

Applied For

Not Applicable

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

TITLE D ☐ DELETE
NAME SHIPLEY, JAMES
STREET ADDRESS 803 ARBOR LANE
CITY-ST-ZIP WINONA LAKE INTITLE P ☒ DELETE
NAME CUSTER, JAMES L.
STREET ADDRESS 2515 CARRIAGE LANE
CITY-ST-ZIP POWELL OHTITLE S ☐ DELETE
NAME CHAMBERLAIN, LARRY N
STREET ADDRESS 108 APPLE CT
CITY-ST-ZIP WINONA LAKE INTITLE T ☐ DELETE
NAME MICHAEL, JERRY
STREET ADDRESS ROUTE 4 - 105 MEADOW DR.
CITY-ST-ZIP MARTINSBURG WVTITLE D ☐ DELETE
NAME HUESMANN, REV L
STREET ADDRESS 3510 WALNUT AVENUE
CITY-ST-ZIP LONG BEACH FLTITLE V ☐ DELETE
NAME FETTERHOFF, ROBERT D.
STREET ADDRESS 912 DOUGLAS DRIVE
CITY-ST-ZIP WOOSTER OH

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☒ Addition
1.2 NAME Vice President
1.3 STREET ADDRESS Curtis, Mark
1.4 CITY-ST-ZIP 3646 California Ave.,
Long Beach, CA 908072.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE P. President ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-97 219/267-5161

CR2E037 (9/96)