


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90112 036 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P22934</b>					
1. Corporation Name <b>GRACE BRETHREN HOME MISSIONS COUNCIL, INC.</b>					
Principal Place of Business PO BOX 587 WINONA LAKE IN 46590			Mailing Address PO BOX 587 WINONA LAKE IN 46590		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified <b>02/09/1989</b> 4. FEI Number <b>35-0905946</b> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
9. Name and Address of Current Registered Agent <b>HALL, RALPH C. 5708 34TH COURT, WEST BRADENTON FL 34209</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE NAME <b>D SHIPLEY, JAMES</b> STREET ADDRESS <b>803 ARBOR LANE</b> CITY-ST-ZIP <b>WINONA LAKE IN</b>			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME <b>V CURTIS, MARK</b> STREET ADDRESS <b>2646 CALIFORNIA AVE</b> CITY-ST-ZIP <b>LONG BEACH CA</b>			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME <b>S CHAMBERLAIN, LARRY N</b> STREET ADDRESS <b>108 APPLE CT</b> CITY-ST-ZIP <b>WINONA LAKE IN</b>			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME <b>T MICHAEL, JERRY</b> STREET ADDRESS <b>ROUTE 4 - 105 MEADOW DR.</b> CITY-ST-ZIP <b>MARTINSBURG WV</b>			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input checked="" type="checkbox"/> DELETE NAME <b>D HUESMANN, REV L</b> STREET ADDRESS <b>3510 WALNUT AVENUE</b> CITY-ST-ZIP <b>LONG BEACH FL</b>			5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME <b>Director</b> 5.3 STREET ADDRESS <b>Harry Barger</b> 5.4 CITY-ST-ZIP <b>11537 Englewood Road</b> <b>Hagerstown, MD 21740</b>		
TITLE <input type="checkbox"/> DELETE NAME <b>P FETTERHOFF, ROBERT D.</b> STREET ADDRESS <b>912 DOUGLAS DRIVE</b> CITY-ST-ZIP <b>WOOSTER OH</b>			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, with all other like empowered.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-99 219-267-5161

Date

Daytime Phone #

CR2E037 (11/98)