

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2001 8:00 am
Secretary of State

0088254

DOCUMENT # P22934

1. Entity Name

GRACE BRETHREN NORTH AMERICAN MISSIONS, INC.

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

35-0905946

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Delete
NAME	MILLER, KURT	
STREET ADDRESS	1835 W, 2005	
CITY-ST-ZIP	WARSAW IN 46580	
TITLE	D	<input type="checkbox"/> Delete
NAME	CURTIS, MARK	
STREET ADDRESS	2646 CALIFORNIA AVE	
CITY-ST-ZIP	LONG BEACH CA	
TITLE	P	<input type="checkbox"/> Delete
NAME	CHAMBERLAIN, LARRY N	
STREET ADDRESS	108 APPLE CT	
CITY-ST-ZIP	WINONA LAKE IN	
TITLE	D	<input type="checkbox"/> Delete
NAME	MICHAEL, JERRY	
STREET ADDRESS	ROUTE 4 - 105 MEADOW DR.	
CITY-ST-ZIP	MARTINSBURG WV	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARGER, HARRY	
STREET ADDRESS	11537 ENGLEWOOD RD	
CITY-ST-ZIP	HAGERSTOWN MD 21740	
TITLE	D	<input type="checkbox"/> Delete
NAME	FETTERHOFF, ROBERT D.	
STREET ADDRESS	912 DOUGLAS DRIVE	
CITY-ST-ZIP	WOOSTER OH	

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 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	

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-01

Date

219-267-5161 Ext 21

Daytime Phone #

CR2E037 (10/00)