

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

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  
NAME MILLER, KURT  
STREET ADDRESS 1835 W, 2005  
CITY-ST-ZIP WARSAW IN 46580 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME CURTIS, MARK  
STREET ADDRESS 2846 CALIFORNIA AVE  
CITY-ST-ZIP LONG BEACH CA ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE P  
NAME CHAMBERLAIN, LARRY N  
STREET ADDRESS 108 APPLE CT  
CITY-ST-ZIP WINONA LAKE IN ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME MICHAEL, JERRY  
STREET ADDRESS ROUTE 4 - 105 MEADOW DR.  
CITY-ST-ZIP MARTINSBURG WV ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME BARGER, HARRY  
STREET ADDRESS 11537 ENGLEWOOD RD  
CITY-ST-ZIP HAGERSTOWN MD 21740 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME FETTERHOFF, ROBERT D.  
STREET ADDRESS 912 DOUGLAS DRIVE  
CITY-ST-ZIP WOOSTER OH ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

Larry Chamberlain 4/8/02 574 219-267-5161

Date

Daytime Phone #

CR2E037 (9/01)

FILED  
Apr 23, 2002 8:00 am  
Secretary of State

04-23-2002 90382 040 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE