
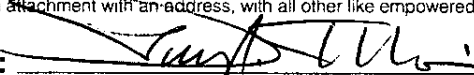


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90003 017 ****61.25

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		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MUNOZ, JESUS G 1026 GRAND CANYON DR VALRICO FL 33594				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLER, KURT <input type="checkbox"/> Delete		NAME		
STREET ADDRESS	P.O. BOX 672		STREET ADDRESS		
CITY - ST - ZIP	WINONA LAKE IN 46590		CITY - ST - ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CURTIS, MARK		NAME		
STREET ADDRESS	3646 CALIFORNIA AVENUE		STREET ADDRESS		
CITY - ST - ZIP	LONG BEACH CA 90807		CITY - ST - ZIP		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHAMBERLAIN, LARRY N		NAME		
STREET ADDRESS	108 APPLE CT		STREET ADDRESS		
CITY - ST - ZIP	WINONA LAKE IN 46590		CITY - ST - ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MICHAEL, JERRY		NAME	71 Timothy Drive	
STREET ADDRESS	71 TIMOTHY DRIVE		STREET ADDRESS		
CITY - ST - ZIP	MARTINSBURG WV 25401		CITY - ST - ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARGER, HARRY		NAME		
STREET ADDRESS	11537 ENGLEWOOD RD		STREET ADDRESS		
CITY - ST - ZIP	HAGERSTOWN MD 21740		CITY - ST - ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FETTERHOFF, ROBERT D.		NAME		
STREET ADDRESS	912 DOUGLAS DRIVE		STREET ADDRESS		
CITY - ST - ZIP	WOOSTER OH 44691		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:  LARRY N. CHAMBERLAIN 2/4/04 (514) 267-5141 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date Daytime Phone # X12					