


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90267 048 ****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
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number 35-0905946		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MUNOZ, JESUS G 1026 GRAND CANYON DR 1343 S. Dover Rd. VALRICO FL 33594 Dover, FL 33527		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. 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, 2005	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE VP NAME MILLER, KURT STREET ADDRESS P.O. BOX 672 CITY-ST-ZIP WINONA LAKE IN 46590	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME CURTIS, MARK STREET ADDRESS 3646 CALIFORNIA AVENUE CITY-ST-ZIP LONG BEACH CA 90807	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P NAME CHAMBERLAIN, LARRY N STREET ADDRESS 108 APPLE CT CITY-ST-ZIP WINONA LAKE IN 46590	<input checked="" type="checkbox"/> Delete	TITLE Boal, Timothy E NAME 703 Thornberry Dr. STREET ADDRESS Harleysville, PA 19438 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME MICHAEL, JERRY STREET ADDRESS 71 TIMOTHY DRIVE CITY-ST-ZIP MARTINSBURG WV 25401	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME BARGER, HARRY STREET ADDRESS 11537 ENGLEWOOD RD CITY-ST-ZIP HAGERSTOWN MD 21740	<input checked="" type="checkbox"/> Delete	TITLE S NAME Disert, Randall B. STREET ADDRESS 204 Penn Ave., Apt. 1 CITY-ST-ZIP Telford, PA 18969	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME FETTERHOFF, ROBERT D. STREET ADDRESS 912 DOUGLAS DRIVE CITY-ST-ZIP WOOSTER OH 44691	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Rachel B. [Signature]* **Secretary and Director of Finance** **4/11/05** **574-267-5161**
Ext. 17