# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 05, 2006**
**Secretary of State**

DOCUMENT# P22934

**Entity Name:** GRACE BRETHREN NORTH AMERICAN MISSIONS, INC.

**Current Principal Place of Business:**

PO BOX 587
WINONA LAKE, IN 46590

**New Principal Place of Business:**

PO BOX 580
WINONA LAKE, IN 46590

**Current Mailing Address:**

PO BOX 587
WINONA LAKE, IN 46590

**New Mailing Address:**

PO BOX 580
WINONA LAKE, IN 46590

**FEI Number: 35-0905946** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MUNOZ, JESUS G
1343 S DOVER RD
DOVER, FL 33527 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | VP | ( ) Delete |
| Name: | MILLER, KURT | |
| Address: | P.O. BOX 672 | |
| City-St-Zip: | WINONA LAKE, IN 46590 | |
| Title: | D | ( ) Delete |
| Name: | CURTIS, MARK | |
| Address: | 3646 CALIFORNIA AVENUE | |
| City-St-Zip: | LONG BEACH, CA 90807 | |
| Title: | P | ( ) Delete |
| Name: | BOAL, TIMOTHY E | |
| Address: | 703 THORNBERRY DR | |
| City-St-Zip: | HARLEYSVILLE, PA 19438 | |
| Title: | D | ( ) Delete |
| Name: | MICHAEL, JERRY | |
| Address: | 71 TIMOTHY DRIVE | |
| City-St-Zip: | MARTINSBURG, WV 25401 | |
| Title: | S | ( ) Delete |
| Name: | DISERT, RANDALL B | |
| Address: | 204 PENN AVE APT 1 | |
| City-St-Zip: | TELFORD, PA 18969 | |
| Title: | D | ( ) Delete |
| Name: | FETTERHOFF, ROBERT D, . | |
| Address: | 912 DOUGLAS DRIVE | |
| City-St-Zip: | WOOSTER, OH 44691 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RANDALL B DISERT S 04/05/2006

Electronic Signature of Signing Officer or Director — Date