

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 25, 2003 8:00 am**  
**Secretary of State**

08-25-2003 90102 039 \*\*\*\*\*61.25

0017264

**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

☒ CHECK HERE IF MAKING CHANGES

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

**Jesus G. Munoz**

Street Address (P.O. Box Number is Not Acceptable)

**1026 Grand Canyon Dr.**

City

**Valrico**

**FL**

Zip Code

**33594**

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 **Jesus G. Munoz**

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

(NOTE: Registered Agent signature required when changing)

DATE

**8-20-03**

**FILE NOW: FEE IS \$61.25**  
**After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

TITLE ☐ Change ☐ Addition  
NAME **PO Box 672**  
STREET ADDRESS **Winona Lake, IN 46590**  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **CURTIS, MARK**  
STREET ADDRESS **2646 CALIFORNIA AVE**  
CITY-ST-ZIP **LONG BEACH CA**

TITLE ☐ Change ☐ Addition  
NAME **3646**  
STREET ADDRESS **90807**  
CITY-ST-ZIP

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

TITLE ☐ Change ☒ Addition  
NAME **46590**  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME **71 Timothy Drive**  
STREET ADDRESS **25401**  
CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS **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:

**SIGNATURE REQUIRED**

**8/15/03**

**574-267-5161 EXT. 11**

CR2E037 (4/03)