

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213525430

1.) CORPORATION NAME:

**The North American Mission Board of the Southern Baptist
Convention, Inc.**

DUE DATE: **6/30/2013**

SCC ID NO: **F1899741**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC
4701 COX RD STE 301
GLEN ALLEN, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

GA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4200 NORTH POINT PARKWAY

CITY/ST/ZIP: ALPHARETTA, GA 30022

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	KEVIN EZELL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	4200 NORTH POINT PARKWAY		
CITY/ST/ZIP/CO:	ALPHARETTA, GA 30022		

NAME:	CARLOS FERRER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO / VP		
ADDRESS:	4200 NORTH POINT PARKWAY		
CITY/ST/ZIP/CO:	ALPHARETTA, GA 30022		

NAME:	TERRY BURR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CONTROLLER		
ADDRESS:	4200 NORTH POINT PARKWAY		
CITY/ST/ZIP/CO:	ALPHARETTA, GA 30022		

NAME:	GAYLYNN TOLLISON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	RECORDING SECY		
ADDRESS:	4200 NORTH POINT PARKWAY		
CITY/ST/ZIP/CO:	ALPHARETTA, GA 30022		

NAME:	AARON COE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4200 NORTH POINT PARKWAY		
CITY/ST/ZIP/CO:	ALPHARETTA, GA 30022		

NAME:	MATT MARTING	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CORP ATTORNEY		
ADDRESS:	4200 NORTH POINT PARKWAY		
CITY/ST/ZIP/CO:	ALPHARETTA, GA 30022		

NAME:	AL GILBERT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4200 NORTH POINT PARKWAY		
CITY/ST/ZIP/CO:	ALPHARETTA, GA 30022		
NAME:	MIKE EBERT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4200 NORTH POINT PARKWAY		
CITY/ST/ZIP/CO:	ALPHARETTA, GA 30022		
NAME:	CLARK LOGAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4200 NORTH POINT PARKWAY		
CITY/ST/ZIP/CO:	ALPHARETTA, GA 30022		
NAME:	JEFF CHRISTOPHERSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4200 NORTH POINT PARKWAY		
CITY/ST/ZIP/CO:	ALPHARETTA, GA 30022		
NAME:	STEVE DAVIS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4200 NORTH POINT PARKWAY		
CITY/ST/ZIP/CO:	ALPHARETTA, GA 30022		
NAME:	GARY FROST	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4200 NORTH POINT PARKWAY		
CITY/ST/ZIP/CO:	ALPHARETTA, GA 30022		
NAME:	STEVE BASS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4200 NORTH POINT PARKWAY		
CITY/ST/ZIP/CO:	ALPHARETTA, GA 30022		
NAME:	DOUGLAS K DIETERLY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	4200 NORTH POINT PARKWAY		
CITY/ST/ZIP/CO:	ALPHARETTA, GA 30022		
NAME:	RICKEY E CAMP	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	4200 NORTH POINT PARKWAY		
CITY/ST/ZIP/CO:	ALPHARETTA, GA 30022		
NAME:	CHUCK HERRING	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	2ND VICE CHAIR		
ADDRESS:	4200 NORTH POINT PARKWAY		
CITY/ST/ZIP/CO:	ALPHARETTA, GA 30022		
NAME:	PATRICK L ADAMS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4200 NORTH POINT PARKWAY		
CITY/ST/ZIP/CO:	ALPHARETTA, GA 30022		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ KEVIN EZELL	KEVIN EZELL, PRESIDENT	5/30/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		