

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham,
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 28 PM 3:41

DOCUMENT # **N93000000467 (1)**

1. Corporation Name

BIBLE LANDS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% REET HAND
900 SEMINOLE DR.
FT. PIERCE FL 34982

% REET HAND
900 SEMINOLE DR.
FT. PIERCE FL 34982

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/03/1993

3a. Date of Last Report

02/25/1994

4. FEI Number

65-0399639

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAND, REET
3891 EDWARDS ROAD
FT. PIERCE FL 34981

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
D
HAND, MATTHEW
STREET ADDRESS
900 SEMINOLE DR.
CITY-ST-ZIP
FT PIERCE FL 34982

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
DT
HAND, REET
STREET ADDRESS
900 SEMINOLE DR.
CITY-ST-ZIP
FT PIERCE FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
DP
DAVIS, RICHARD K
STREET ADDRESS
201 HARTMAN RD.
CITY-ST-ZIP
FT PIERCE FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
D
BROWN, EDGAR A
STREET ADDRESS
13939 W. INDRIO RD.
CITY-ST-ZIP
FT PIERCE FL 34945

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
DS
NELSON, ANNE
STREET ADDRESS
2808 OLEANDER BLVD.
CITY-ST-ZIP
FT PIERCE FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
D
THOMAS, VIRGINIA
STREET ADDRESS
1005 SUNRISE BLVD.
CITY-ST-ZIP
FT PIERCE FL 34982

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 liquidator of the corporation; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with no address.

SIGNATURE:

MATTHEW HAND

3/1/95

4074687159

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR

Date

Daytime / Home #