

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified
02/03/1993

3a. Date of Last Report
03/08/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

X Reet Hand

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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

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

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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 119.07(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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *X Reet Hand*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-18-96

CR2E037 (12/95)