

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2005 08:00 AM
Secretary of State

DOCUMENT # N93000000467
 1. Entity 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

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE CR2E037 (10/04)
 4. FEI Number Applied For
65-0399639 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HAND, REET
900 SEMINOLE DRIVE
FT. PIERCE FL 34981

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005 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

TITLE	D	<input type="checkbox"/> Delete
NAME	HAND, MATTHEW	
STREET ADDRESS	900 SEMINOLE DR.	
CITY-ST-ZIP	FT PIERCE FL 34982	
TITLE	DT	<input type="checkbox"/> Delete
NAME	HAND, REET	
STREET ADDRESS	900 SEMINOLE DR.	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	DAVIS, DOUGLAS	
STREET ADDRESS	2201 ATLANTIC BEACH BLVD	
CITY-ST-ZIP	FORT PIERCE FL 34949	
TITLE	D	<input type="checkbox"/> Delete
NAME	CULPEPER, DAVID	
STREET ADDRESS	1500 14TH ST SW	
CITY-ST-ZIP	VERO BEACH FL 32962	
TITLE	DS	<input type="checkbox"/> Delete
NAME	NELSON, ANNE	
STREET ADDRESS	2808 OLEANDER BLVD.	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BULLOCK, ROBERT	
STREET ADDRESS	1706 WYOMING AVENUE	
CITY-ST-ZIP	FORT PIERCE FL 34982	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(f), 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: *X Reet Hand* *X 2-15-04* *X 772 4645402*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #