

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2007 8:00 am**  
**Secretary of State**

03-08-2007 90014 015 \*\*\*\*61.25

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1. Entity Name

BIBLE LANDS ASSOCIATION, INC.



Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

65-0399639

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAND, REET  
900 SEMINOLE DRIVE  
FT. PIERCE FL 34981

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

*Reet Hand*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007.**

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

TITLE D ☐ Change ☒ Addition  
NAME HAND, JOANNE  
STREET ADDRESS 1202 PARKLAND BLVD  
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 D ☐ Change ☒ Addition  
NAME MILLER, SHEILA  
STREET ADDRESS 4880 Edwards Road  
CITY ST ZIP Ft. Pierce, FL 34981

TITLE DP ☐ Delete  
NAME DAVIS, DOUGLAS  
STREET ADDRESS 2201 ATLANTIC BEACH BLVD  
CITY ST ZIP FORT PIERCE FL 34949

TITLE D ☐ Change ☒ Addition  
NAME BILES, JAMES  
STREET ADDRESS 403100 St. LUCIE BLVD  
CITY ST ZIP FT. PIERCE FL 34946

TITLE D ☐ Delete  
NAME CULPEPER, DAVID  
STREET ADDRESS 208 ARBOR TERRACE  
CITY ST ZIP AIKEN SC 29801

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE DS ☒ Delete  
NAME NELSON, ANNE  
STREET ADDRESS 5105 PALEO PINES CIRCLE  
CITY ST ZIP FORT PIERCE FL 34951

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE DV ☐ Delete  
NAME BULLOCK, ROBERT  
STREET ADDRESS 1706 WYOMING AVENUE  
CITY ST ZIP FORT PIERCE FL 34982

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*Reet Hand*

2-21-07 - 4643402