

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000467

FILED  
Jan 10, 2009  
Secretary of State

Entity Name: BIBLE LANDS ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 65-0399639      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HAND, REET  
900 SEMINOLE DRIVE  
FT. PIERCE, FL 34981      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: HAND, MATTHEW  
Address: 900 SEMINOLE DR.  
City-St-Zip: FT PIERCE, FL 34982

Title: DT ( ) Delete  
Name: HAND, REET  
Address: 900 SEMINOLE DR.  
City-St-Zip: FT PIERCE, FL

Title: DP ( ) Delete  
Name: DAVIS, DOUGLAS  
Address: 2201 ATLANTIC BEACH BLVD  
City-St-Zip: FORT PIERCE, FL 34949

Title: D ( ) Delete  
Name: CULPEPER, DAVID  
Address: 208 ARBOR TERRACE  
City-St-Zip: AIKEN, SC 29801

Title: D ( ) Delete  
Name: HAND, JOANNE  
Address: 1202 PARKLAND BLVD  
City-St-Zip: FORT PIERCE, FL 34982

Title: DV ( ) Delete  
Name: BULLOCK, ROBERT  
Address: 1706 WYOMING AVENUE  
City-St-Zip: FORT PIERCE, FL 34982

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: BILES, PASTOR JAMES  
Address: 3100 ST. LUCIE BLVD  
City-St-Zip: FORT PIERCE, FL 34846

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REET HAND

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

DT

01/10/2009

\_\_\_\_\_ Date