2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#722346

FILED Mar 23, 2009 Secretary of State

Entity Name: WESLEYAN BIBLE CONFERENCE ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

8225 WESLEY DRIVE 8225 WESLEY DRIVE

BROOKSVILLE, FL 346012798 BROOKSVILLE, FL 346012798 US

Current Mailing Address: New Mailing Address:

8225 WESLEY DRIVE 8225 WESLEY DRIVE

BROOKSVILLE, FL 346012798 BROOKSVILLE, FL 346012798 US

FEI Number: 59-1531181 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

PAINE, CHARLES S 8225 WESLEY DRIVE

BROOKSVILLE, FL 34601 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: P/D (X) Change () Addition

 Name:
 PAINE, SR., CHARLES
 Name:
 PAINE, SR., CHARLES

 Address:
 8225 WESLEY DRIVE
 8225 WESLEY DRIVE

 City-St-Zip:
 BROOKSVILLE, FL 34601
 City-St-Zip:
 BROOKSVILLE, FL 34601

 Name:
 ALLION, KEITH
 Name:
 ALLION, KEITH R

 Address:
 8053 EPWORTH DR
 Address:
 8053 EPWORTH DR

 City-St-Zip:
 BROOKSVILLE, FL 34601
 City-St-Zip:
 BROOKSVILLE, FL 34601

Title: D () Delete Title: () Change () Addition

 Name:
 MCINTYRE, ROBERT
 Name:

 Address:
 8214 PEACE AVE.
 Address:

 City-St-Zip:
 BROOKSVILLE, FL 34601
 City-St-Zip:

Title: S () Delete Title: S/D (X) Change () Addition

 Name:
 OLIVER, LOIS
 Name:
 OLIVER, LOIS

 Address:
 22274 MELODY LN
 Address:
 22274 MELODY LN

 City-St-Zip:
 BROOKSVILLE, FL 34601
 City-St-Zip:
 BROOKSVILLE, FL 34601

Title: VP/D () Delete Title: () Change () Addition

 Name:
 CALHOUN, DONALD
 Name:

 Address:
 23172 GOOD SHEPHERDS WAY
 Address:

 City-St-Zip:
 BROOKSVILLE, FL 34601
 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: KEITH R. ALLION T/D 03/23/2009