2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#832750

Title:

Name:

Address:

City-St-Zip:

FILED Jan 04, 2007 Secretary of State

Entity Name: THE NATIONAL BENEVOLENT ASSOCIATION OF THE CHRISTIAN CHURCH (DISCIPLES OF CHRIST) **Current Principal Place of Business: New Principal Place of Business:** 149 WELDON PKWY STE 115 ATTN: RON HOLLON ST. LOUIS, MO 630433043 US **New Mailing Address: Current Mailing Address:** 149 WELDON PKWY STE 115 ATTN: R HOLLON ST. LOUIS, MO 630433043 US FEI Number: 43-0653377 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301 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: () Delete () Change () Addition HAGEMANN, DENNIS Name: Name: 5853 DELOR Address: Address: City-St-Zip: SAINT LOUIS, MO 63109 US City-St-Zip: Title: DIR Title: () Change () Addition () Delete PARVIN, PAT Name: Name: Address: 2511 MIDPARK RD Address: City-St-Zip: MONTGOMERY, AL 36109 US City-St-Zip: Title: DIR () Delete Title: () Change () Addition DOWNING, DON Name: Name: 701 MARKET STREET, SUITE 800 Address: Address: City-St-Zip: SAINT LOUIS, MO 63101 City-St-Zip: Title: DIR () Delete Title: () Change () Addition Name: ROBUCK, ROBERT M Name: Address: 238 MADISON ST Address: City-St-Zip: JEFFERSON CITY, MO 63502 US City-St-Zip: Title: DIR () Delete Title: DIR (X) Change () Addition WENTZIEN, PAUL ROSS CORONA, PENNY Name: Name: 475 E LOCKWOOD AVE 227 S MAPLE AVE Address: Address: City-St-Zip: SAINT LOUIS, MO 63119 City-St-Zip: SAINT LOUIS, MO 63119

I hereby certify that the information supplied with this filing does not qualify for the 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: DENNIS HAGEMANN PD 01/04/2007

() Delete

CERVETTO, GUS

1945 MATTERHORN DR

WILDWOOD, MO 63011

() Change () Addition