
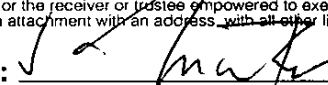


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90025 014 ****61.25

DOCUMENT # 836250 1. Entity Name THE POCKET TESTAMENT LEAGUE, INC.					
Principal Place of Business 11 TOLL GATE ROAD P.O. BOX 800 LITITZ, PA 17543 US			Mailing Address 2929 LITITZ PIKE LANCASTER, PA 17606 US		
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		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LACKORE, RICK 13001 BRIDLEFORD DR. GIBSONTOWN, FL 33534			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	C <input type="checkbox"/> Delete		TITLE	SEE ATTACHED LIST <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HANNAY, ROGER		NAME		
STREET ADDRESS	24 CR 412		STREET ADDRESS		
CITY-ST-ZIP	WESTERLO, NY 12193		CITY-ST-ZIP		
TITLE	VC <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARRINGER, WILLIAM		NAME		
STREET ADDRESS	155 PEARCE PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	PEARL RIVER, NY 10965		CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARTIN, LARRY		NAME		
STREET ADDRESS	815 READING ROAD		STREET ADDRESS		
CITY-ST-ZIP	TERRE HILL, PA 17543		CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MUMMA, ELIZABETH		NAME		
STREET ADDRESS	3312 COCHRAN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	LANCASTER, PA 17601		CITY-ST-ZIP		
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRAYBILL, AMMON		NAME		
STREET ADDRESS	40 SUNSET CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	LITITZ, PA 17543		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 			Date <u>4/3/08</u> Daytime Phone # _____		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

ATTACHMENT
40059887

#836250

The Pocket Testament League
BOARD OF TRUSTEES

TITLE	C	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Rich Timmons		
STREET ADDRESS	3795 Rt. 202		
CITY - ST - ZIP	Doylestown, PA 18901		
TITLE	VC	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Robert Brumleu		
STREET ADDRESS	10462 Morada Drive		
CITY - ST - ZIP	Orange, CA 92869		
TITLE	T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	L. Ronald Hoover		
STREET ADDRESS	126 Winding Way		
CITY - ST - ZIP	Lancaster, PA 17602		
TITLE	S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	William C. Barringer		
STREET ADDRESS	155 Pearce Parkway		
CITY - ST - ZIP	Pearl River, NY 10965		
TITLE	T	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Ammon K. Graybill		
STREET ADDRESS	40 Sunset Cir.		
CITY - ST - ZIP	Lititz, PA 17543		
TITLE	T	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Roger A. Hannay		
STREET ADDRESS	24 CR 412		
CITY - ST - ZIP	Westerlo, NY 12193		
TITLE	T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Robert E. Kauffman		
STREET ADDRESS	390 Sarsen Drive		
CITY - ST - ZIP	Lititz, PA 17543		
TITLE	T	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Larry L. Martin		
STREET ADDRESS	697 Wallace Road		
CITY - ST - ZIP	New Holland, PA 17557-9428		
TITLE	T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Scott Rankin		
STREET ADDRESS	1632 Susquehanna Rd.		
CITY - ST - ZIP	Dresher, PA 19025		
TITLE	T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Clarence (Larry) O. Ritchie		
STREET ADDRESS	145 Weaver Rd		
CITY - ST - ZIP	Zionsville, PA 18092		
TITLE	T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Samuel B. Wagner		
STREET ADDRESS	1687 Eureka Rd.		
CITY - ST - ZIP	Washington, IL 61571		

C Chairman
VC Vice-Chairman
T Treasurer
S Secretary
T Trustee

Note: There are no blood or marriage relationships with other Board members, or staff. There are no business relationships, or compensation relationships with Board or staff. (This is confidential information, not to be released publically)