2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 839510

1. Entity Name
BILLY GRAHAM EVANGELISTIC ASSOCIATION

Principal Place of Business	Mailing Address
1 BILLY GRAHAM PARKWAY CHARLOTTE, NC 28201-0001	1 BILLY GRAHAM PARKWAY CHARLOTTE, NC 28201-0001

01102006 No Chg-NP CR2E037 (11/05)

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4. FEI Number 41-0692230 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK,INC.
11380 PROSPERITY FARMS RD #221E
PALM BEACH GARDENS, FL 33410

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	GRAHAM, FRANKLIN
STREET ADDRESS	1 BILLY GRAHAM PARKWAY
CITY-ST-ZIP	CHARLOTTE, NC 28201
TITLE	V
NAME	PARRISH, PRESTON
STREET ADDRESS	1 BILLY GRAHAM PARKWAY
CITY-ST-ZIP	CHARLOTTE, NC 28201
TITLE	S
NAME	AARSVOLD, JOEL B
STREET ADDRESS	1 BILLY GRAHAM PARKWAY
CITY-ST-ZIP	CHARLOTTE, NC 28201
TITLE	D
NAME	BRUCE, DAVID P
STREET ADDRESS	155 ASSEMBLY DRIVE
CITY-ST-ZIP	MONTREAT, NC 28757
TITLE	D
NAME	CAPEN, JR, RICHARD G
STREET ADDRESS	1 BILLY GRAHAM PARKWAY
CITY-ST-ZIP	CHARLOTTE, NC 28201
TITLE	D
NAME	CHEATHAM, DR, MELVIN
STREET ADDRESS	244 BARNARD WAY
CITY-ST-ZIP	VENTURA, CA 93001

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02/01/06-80015-006 61.25

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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: Joel B. Aarsvold Joel B. Aarsvold-Secretary 704/401-2432
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #