

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90569 036 ****61.25

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04062005 Chg-NP CR2E037 (10/03)

DOCUMENT # F02000001944 1. Entity Name BIBLES FOR MISSIONS THRIFT CENTERS CORPORATION					
Principal Place of Business 813 LINCOLN AVENUE HOLLAND, MI 49423			Mailing Address 3400 CENTRAL BLVD. HUDSONVILLE, MI 49426		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 38-3084876	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JEFFCOAT, JOHN L 1703 SHADOWMOSS CIRCLE LAKE MARY, FL 32746-4433			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____		
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, 2005		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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JIPPING, KENNETH		NAME		
STREET ADDRESS	1215 SYCAMORE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	JENISON, MI 49428		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DYKSTRA, RONALD		NAME		
STREET ADDRESS	10680 PERRY		STREET ADDRESS		
CITY-ST-ZIP	HOLLAND, MI 49424		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAVERDINK, MICHAEL		NAME		
STREET ADDRESS	9061-24TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	JENISON, MI 49428		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOWEVE, JAMES		NAME		
STREET ADDRESS	310 64TH ST.		STREET ADDRESS		
CITY-ST-ZIP	ZEELAND, MI 49464		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STATEN, JAMES		NAME		
STREET ADDRESS	596 REMBERT		STREET ADDRESS		
CITY-ST-ZIP	MEMPHIS, TN 38104		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHAAP, JOHN		NAME		
STREET ADDRESS	291 E. 169TH STREET		STREET ADDRESS		
CITY-ST-ZIP	SOUTH HOLLAND, IL 60473		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 another like empowered.					
SIGNATURE:			4/7/2005 616-669-9225		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		