

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90235 006 ****61.25

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: **3400 Central Blvd.**
3. Mailing Address: [Blank]
Suite, Apt. #, etc. [Blank]

1st MOORE CR2E037 (10/05)

City & State: **Hudsonville MI**
City & State: [Blank]
Zip: **49426** Country: [Blank]

4. FEI Number: **38-3084876** Applied For: Not Applicable:
5. Certificate of Status Desired: **\$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: **Ken Jipping**
Street Address (P.O. Box Number is Not Acceptable): **1215 Sycamore Drive**
City: [Blank] State: **FL** Zip Code: [Blank]

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 reappointing)

**FILE NOW. FEE IS \$61.25
Due By May 1, 2006**

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE: PD NAME: JIPPING, KENNETH STREET ADDRESS: 1215 SYCAMORE DRIVE CITY-ST-ZIP: JENISON MI 49428	<input type="checkbox"/> Delete
TITLE: SD NAME: DYKSTRA, RONALD STREET ADDRESS: 10660 PERRY CITY-ST-ZIP: HOLLAND MI 49424	<input type="checkbox"/> Delete
TITLE: TD NAME: HAVERDINK, MICHAEL STREET ADDRESS: 9061-24TH AVENUE CITY-ST-ZIP: JENISON MI 49428	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: HOWEVE, JAMES STREET ADDRESS: 310 64TH ST. CITY-ST-ZIP: ZEELAND MI 49464	<input type="checkbox"/> Delete
TITLE: D NAME: STATEN, JAMES STREET ADDRESS: 596 REMBERT CITY-ST-ZIP: MEMPHIS TN 38104	<input type="checkbox"/> Delete
TITLE: D NAME: SCHAAP, JOHN STREET ADDRESS: 291 E. 169TH STREET CITY-ST-ZIP: SOUTH HOLLAND IL 60473	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: Chairman of Board, Director NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: Curtiss F Chadwick STREET ADDRESS: 121 Mill St CITY-ST-ZIP: Sarona MI 48881-9702	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: [Blank] NAME: James Hoove STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Curtiss F Chadwick 4-1-06 616-642-6104