


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2007 08:00 A
Secretary of State

DOCUMENT # F02000001944 1. Entity Name BIBLES FOR MISSIONS THRIFT CENTERS CORPORATION	
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Principal Place of Business 3400 CENTRAL BLVD HUDSONVILLE, MI 49426	Mailing Address 3400 CENTRAL BLVD. HUDSONVILLE, MI 49426
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DO NOT WRITE IN THIS SPACE



01042007 No Chg-NP CR2E037 (4/06)

4. FEI Number 38-3084876	Applied For <input type="checkbox"/> Not Applicable
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**

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JIPPING, KENNETH 1215 SYCAMORE DRIVE JENISON, MI 49428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COBD DYKSTRA, RONALD 10660 PERRY HOLLAND, MI 49424
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHADWICK, CURTISS F 121 MILL ST SARANAC, MI 488819702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOOVE, JAMES 310 64TH ST. ZEELAND, MI 49464
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STATEN, JAMES 596 REMBERT MEMPHIS, TN 38104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHAAP, JOHN 291 E. 189TH STREET SOUTH HOLLAND, IL 60473

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01/10/07-80047-014 70.00

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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: *Kenneth Jipping* *Pres.* 1/5/2007 416-469-9725
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #