

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90167 004 \*\*\*\*61.25

<b>DOCUMENT # F04000004557</b> 1. Entity Name <b>THE BIBLE LEAGUE, A CORPORATION</b>					
Principal Place of Business <b>3801 EAGLE NEST DRIVE CRETE, IL 60417</b>			Mailing Address <b>PO BOX 28000 CHICAGO, IL 60628</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		04222008    Chg-NP    CR2E037 (12/06)	
Zip		Country		4. FEI Number <b>36-2037761</b>	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
<b>6. Name and Address of Current Registered Agent</b>  <b>THOMPSON, JIM 127 SW SEA LION RD PORT SAINT LUCIE, FL 34953</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> 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>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLE, ROBERT 3801 EAGLE NEST DRIVE CRETE, IL 60417	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VAN BEEK, ROGER 3801 EAGLE NEST DRIVE CRETE, IL 60417	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAXWELL, TIM 3801 EAGLE NEST DRIVE CRETE, IL 60417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PAARLBERG, RUSSELL T 16230 LOUIS STREET SOUTH HOLLAND, IL 60473	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VAN DRUNEN, LAWRENCE J 16034 LOUIS AVENUE SOUTH HOLLAND, IL 60473	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOLHOUSE, RAYMOND 534 E. FOREST WHEATON, IL 60187	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAPMAN, DANIEL A 460 WEST DRUMMOND DRIVE BOURBONNAIS, IL 60914	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAPMAN, DANIEL 895 SANDSTONE LANE MANTENO, IL 60950
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.					
<b>SIGNATURE:</b> <u>Tim Maxwell</u> <b>Tim Maxwell, EVP-Finance</b> <u>4/25/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					