

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004805

FILED
Apr 16, 2008
Secretary of State

Entity Name: THREE ANGELS BROADCASTING NETWORK, INC.

Current Principal Place of Business:

3391 CHARLEY GOOD ROAD
WEST FRANKFORT, IL 62896

New Principal Place of Business:

Current Mailing Address:

3391 CHARLEY GOOD ROAD
WEST FRANKFORT, IL 62896

New Mailing Address:

FEI Number: 37-1179056

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DENSLOW, ALDEN E
37414 NORTHSIDE DR
ZEPHYRHILLS, FL 33541 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SHELTON, DANNY
Address: 2954 NEW LAKE ROAD
City-St-Zip: WEST FRANKFORT, IL 62896

Title: SD () Delete
Name: STEENSON, MOLLIE
Address: 400 E. 9TH STREET
City-St-Zip: JOHNSTON CITY, IL 62951

Title: T () Delete
Name: EWING, LARRY
Address: 21790 BENTON STREET
City-St-Zip: THOMPSONVILLE, IL 62890

Title: D () Delete
Name: CHUNG, MAY
Address: 155 MANCHESTER LANE
City-St-Zip: SAN BERNARDINO, CA 92408

Title: D () Delete
Name: DENSLOW, KEN
Address: 619 PLAINFIELD RD 3RD FLOOR
City-St-Zip: WILLOWBROOK, IL 605215381

Title: D () Delete
Name: FJARLI, MERLIN
Address: 670 MASON WAY
City-St-Zip: MEDFORD, OR 97501

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: HAMILTON, BRIAN
Address: GENERAL DELIVERY
City-St-Zip: THOMPSONVILLE, IL 62890

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN HAMILTON

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04/16/2008

Electronic Signature of Signing Officer or Director

Date