

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004342

1. Entity Name

BIBLE WAY ASSOCIATION INC.

FILED

May 28, 2002 8:00 am  
Secretary of State

05-28-2002 91731 009 \*\*\*\*61.25

Principal Place of Business

P.O. BOX 370  
DONIPHAN MO 63935

Mailing Address

P.O. BOX 370  
DONIPHAN MO 63935

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

43-6042978

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOWZE, HAROLD  
3059 MERLE LANKFORD RD  
ZOLFO SPRINGS FL 33890

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CP	<input type="checkbox"/> Delete
NAME	BUCKNER, LESLIE	
STREET ADDRESS	HCR 7 BOX 177	
CITY-ST-ZIP	DONIPHAN MO 63935	
TITLE	V	<input type="checkbox"/> Delete
NAME	HARRIS, RONNIE	
STREET ADDRESS	HCR 1 BOX 1277	
CITY-ST-ZIP	EAGLE ROCK MO 64641	
TITLE	SDT	<input type="checkbox"/> Delete
NAME	ABRAMS, EUGENE	
STREET ADDRESS	RT 2 BOX 240W	
CITY-ST-ZIP	DONIPHAN MO 63935	
TITLE	V	<input type="checkbox"/> Delete
NAME	ASBERRY, CHARLES	
STREET ADDRESS	BOX 105	
CITY-ST-ZIP	ELLINGTON MO 63638	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/01)

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 all other like empowered.

SIGNATURE:

*Eugene Abrams*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-6-02

Date

573-996-7317

Daytime Phone #