

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000004342

FILED  
Apr 18, 2006  
Secretary of State

Entity Name: BIBLE WAY ASSOCIATION INC.

## Current Principal Place of Business:

HC 7 BOX 54-K  
DONIPHAN, MO 63935

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 370  
DONIPHAN, MO 63935

## New Mailing Address:

FEI Number: 43-6042978

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HOWZE, HAROLD  
3059 MERLE LANKFORD RD  
ZOLFO SPRINGS, FL 33890 US

## Name and Address of New Registered Agent:

LOCKE, ZACHARY  
1508 KING AVE  
LAKELAND, FL 33803 US

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: ZACHARY LOCKE

04/18/2006

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: CP ( ) Delete  
Name: BUCKNER, LESLIE  
Address: HCR 7 BOX 54-K  
City-St-Zip: DONIPHAN, MO 63935

Title: D ( ) Delete  
Name: WALLIS, STANLEY  
Address: HGWY 49 NORTH  
City-St-Zip: DES ARC, MO 63636

Title: SDT ( ) Delete  
Name: ABRAMS, HENRY E  
Address: RT 2 BOX 240W  
City-St-Zip: DONIPHAN, MO 63935

Title: V ( ) Delete  
Name: ASBERRY, CHARLES  
Address: BOX 105  
City-St-Zip: ELLINGTON, MO 63638

Title: D ( ) Delete  
Name: WILLIAMS, THOMAS  
Address: 620 HELL CREEK RD  
City-St-Zip: MOUNTAIN VIEW, AR 72560

Title: D ( ) Delete  
Name: GRAHAM, DANNY  
Address: 25 CENDER DR  
City-St-Zip: ELDON, MO 65026

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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: HENRY E ABRAMS

SDT

04/18/2006

Electronic Signature of Signing Officer or Director

Date