

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000004342

FILED
Jul 13, 2007
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 ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LOCKE, ZACHARY
1508 KING AVE
LAKELAND, FL 33803 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: 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
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City-St-Zip:

Title: () Change () Addition
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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: HENRY E. ABRAMS

SDT

07/13/2007

Electronic Signature of Signing Officer or Director

Date