2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008
Secretary of State

DOCUMENT# F99000004342

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:

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:	SDT	(X) Change ( ) Addition
Name:	ABRAMS, HENRY E	
Address:	RT 2 BOX 5925	
City-St-Zip:	DONIPHAN, MO 63935	
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: HENRY E ABRAMS SDT 04/16/2008
Electronic Signature of Signing Officer or Director — Date