

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 21, 2003 8:00 am
Secretary of State

07-21-2003 90133 013 *****61.25

DOCUMENT # F99000004342

1. Entity Name

BIBLE WAY ASSOCIATION INC.



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



☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CP** ☐ Delete
NAME **BUCKNER, LESLIE**
STREET ADDRESS **HCR 7 BOX 177**
CITY-ST-ZIP **DONIPHAN MO 63935**

TITLE **D** ☐ Change ☒ Addition
NAME **STANLEY WALLIS**
STREET ADDRESS **HGWY. 49 NORTH**
CITY-ST-ZIP **DES ARC, MO 63636**

TITLE **V** ☒ Delete
NAME **HARRIS, RONNIE**
STREET ADDRESS **HCR 1 BOX 1277**
CITY-ST-ZIP **EAGLE ROCK MO 64641**

TITLE **D** ☐ Change ☒ Addition
NAME **THOMAS WILLIAMS**
STREET ADDRESS **620 HELL CREEK RD.**
CITY-ST-ZIP **MOUNTAIN VIEW, AR 72560**

TITLE **SDT** ☐ Delete
NAME **ABRAMS, EUGENE**
STREET ADDRESS **RT 2 BOX 240W**
CITY-ST-ZIP **DONIPHAN MO 63935**

TITLE **D** ☐ Change ☒ Addition
NAME **DANNY GRAHAM**
STREET ADDRESS **25 CENDER DR.**
CITY-ST-ZIP **ELDON, MO. 65026**

TITLE **V** ☐ Delete
NAME **ASBERRY, CHARLES**
STREET ADDRESS **BOX 105**
CITY-ST-ZIP **ELLINGTON MO 63638**

TITLE **D** ☐ Change ☒ Addition
NAME **BILL MILLER**
STREET ADDRESS **RT 1 BOX 187-AA HWY Y**
CITY-ST-ZIP **BIRCH TREE, MO. 65438**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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* **EUGENE ABRAMS**

7-15-03

523-996-7317

CR2E037 (4/03)