2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2009
Secretary of State

DOCUMENT# N06000007871

Entity Name: URANTIA BOOK HISTORICAL SOCIETY, INC.

Current Principal Place of Business:

750 MANOR RIDGE RD
SANTA PAULA, CA 93060

New Principal Place of Business:

Current Mailing Address:

750 MANOR RIDGE RD
SANTA PAULA, CA 93060

New Mailing Address:

FEI Number: 56-2655982 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARRIS, FRED F JR
101 E COLLEGE AVE
TALLAHASSEE, FL 32301 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:	P	( ) Delete
Name:	CALLAHAN, JOHN	
Address:	750 MANOR RIDGE RD	
City-St-Zip:	SANTA PAULA, CA 93060	
Title:	VP	( ) Delete
Name:	GREEN, DONALD S	
Address:	4610 ALMOND LANE	
City-St-Zip:	BOULDER, CO 80301	
Title:	ST	( ) Delete
Name:	CLARK, VICTORIA L	
Address:	1341 SAN JUAN #A4	
City-St-Zip:	TUSTIN, CA 92780	
Title:	D	( ) Delete
Name:	FORSYTHE, SCOTT	
Address:	1014 MARENGO AVE	
City-St-Zip:	FOREST PARK, IL 60130	
Title:	D	( ) Delete
Name:	KULIEKE, MARK	
Address:	2486 FINGER RD	
City-St-Zip:	GREEN BAY, WI 54302	
Title:	D	( ) Delete
Name:	NEWSOM, BARBARA	
Address:	515 N. MAIN ST #5D	
City-St-Zip:	GLEN ELLYN, IL 60317	

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 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: VICTORIA L CLARK ST 01/30/2009
Electronic Signature of Signing Officer or Director — Date