

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 10, 2006 8:00 am**  
**Secretary of State**

03-10-2006 90010 044 \*\*\*\*61.25

**DOCUMENT # N93000000467**

1. Entity Name

**BIBLE LANDS ASSOCIATION, INC.**



Principal Place of Business

% REET HAND  
900 SEMINOLE DR.  
FT. PIERCE FL 34982

Mailing Address

% REET HAND  
900 SEMINOLE DR.  
FT. PIERCE FL 34982

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

**65-0399639**

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

**HAND, REET  
900 SEMINOLE DRIVE  
FT. PIERCE FL 34981**

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**  
**Due By May 1, 2006**

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 **D** ☐ Delete  
NAME **HAND, MATTHEW**  
STREET ADDRESS **900 SEMINOLE DR.**  
CITY-ST-ZIP **FT PIERCE FL 34982**

TITLE **D** ☐ Change ☒ Addition  
NAME **HAND, JOANNE**  
STREET ADDRESS **1202 PARKLAND BLVD**  
CITY-ST-ZIP **FT PIERCE, FL 34982**

TITLE **DT** ☐ Delete  
NAME **HAND, REET**  
STREET ADDRESS **900 SEMINOLE DR.**  
CITY-ST-ZIP **FT PIERCE FL**

TITLE **D** ☐ Change ☒ Addition  
NAME **MILLER, SHEILA**  
STREET ADDRESS **4880 EDWARDS ROAD**  
CITY-ST-ZIP **FT PIERCE, FL 34981**

TITLE **DP** ☐ Delete  
NAME **DAVIS, DOUGLAS**  
STREET ADDRESS **2201 ATLANTIC BEACH BLVD**  
CITY-ST-ZIP **FORT PIERCE FL 34949**

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

TITLE **D** ☐ Delete  
NAME **CULPEPPER, DAVID**  
STREET ADDRESS **1500 14TH ST SW**  
CITY-ST-ZIP **VERO BEACH FL 32962**

TITLE **D** ☒ Change ☐ Addition  
NAME **CULPEPPER, DAVID**  
STREET ADDRESS **208 ARBOR TERRACE**  
CITY-ST-ZIP **AIKEN, SC 29801**

TITLE **DS** ☐ Delete  
NAME **NELSON, ANNE**  
STREET ADDRESS **2808 OLEANDER BLVD.**  
CITY-ST-ZIP **FT PIERCE FL**

TITLE **DS** ☒ Change ☐ Addition  
NAME **NELSON, ANNE**  
STREET ADDRESS **5105 PALEO PINES CIRCLE**  
CITY-ST-ZIP **FT PIERCE, FL 34951**

TITLE **DV** ☐ Delete  
NAME **BULLOCK, ROBERT**  
STREET ADDRESS **1706 WYOMING AVENUE**  
CITY-ST-ZIP **FORT PIERCE FL 34982**

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 exemptions contained in Section 119, 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: REET HAND REET HAND 3/1/06 772 464 5402