


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90020 046 \*\*\*\*61.25

**DOCUMENT # N93000000467**

1. Entity Name  
**BIBLE LANDS ASSOCIATION, INC.**



Principal Place of Business      Mailing Address

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

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



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For

**65-0399639**      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

1st MOORE      CR2E037 (10/07)

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
 Due By May 1, 2008**

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

TITLE	D	<input type="checkbox"/> Delete
NAME	HAND, MATTHEW	
STREET ADDRESS	900 SEMINOLE DR.	
CITY-ST-ZIP	FT PIERCE FL 34982	
TITLE	DT	<input type="checkbox"/> Delete
NAME	HAND, REET	
STREET ADDRESS	900 SEMINOLE DR.	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	DAVIS, DOUGLAS	
STREET ADDRESS	2201 ATLANTIC BEACH BLVD	
CITY-ST-ZIP	FORT PIERCE FL 34949	
TITLE	D	<input type="checkbox"/> Delete
NAME	CULPEPER, DAVID	
STREET ADDRESS	208 ARBOR TERRACE	
CITY-ST-ZIP	AIKEN SC 29801	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAND, JOANNE	
STREET ADDRESS	1202 PARKLAND BLVD	
CITY-ST-ZIP	FORT PIERCE FL 34982	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BULLOCK, ROBERT	
STREET ADDRESS	1706 WYOMING AVENUE	
CITY-ST-ZIP	FORT PIERCE FL 34982	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRIET BRENNER	
STREET ADDRESS	1630 SEAWAY DR, UNIT 307	
CITY-ST-ZIP	FORT PIERCE, FL 34982 34949	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PASTOR JAMES BILES	
STREET ADDRESS	3100 ST. LUCIE BLVD	
CITY-ST-ZIP	FORT PIERCE, FL 34946	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *X Reet Hand*      REET HAND, Treasurer 3/21/08 464-5402