

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000467

FILED
Jan 10, 2009
Secretary of State

Entity Name: BIBLE LANDS ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0399639

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAND, REET
900 SEMINOLE DRIVE
FT. PIERCE, FL 34981 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: D () Delete
Name: HAND, MATTHEW
Address: 900 SEMINOLE DR.
City-St-Zip: FT PIERCE, FL 34982

Title: DT () Delete
Name: HAND, REET
Address: 900 SEMINOLE DR.
City-St-Zip: FT PIERCE, FL

Title: DP () Delete
Name: DAVIS, DOUGLAS
Address: 2201 ATLANTIC BEACH BLVD
City-St-Zip: FORT PIERCE, FL 34949

Title: D () Delete
Name: CULPEPER, DAVID
Address: 208 ARBOR TERRACE
City-St-Zip: AIKEN, SC 29801

Title: D () Delete
Name: HAND, JOANNE
Address: 1202 PARKLAND BLVD
City-St-Zip: FORT PIERCE, FL 34982

Title: DV () Delete
Name: BULLOCK, ROBERT
Address: 1706 WYOMING AVENUE
City-St-Zip: FORT PIERCE, FL 34982

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: D (X) Change () Addition
Name: BILES, PASTOR JAMES
Address: 3100 ST. LUCIE BLVD
City-St-Zip: FORT PIERCE, FL 34846

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: REET HAND

DT

01/10/2009

Electronic Signature of Signing Officer or Director

Date