

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000013237

FILED
Feb 05, 2008
Secretary of State

Entity Name: BANCASSURANCE PARTNERS CORPORATION

Current Principal Place of Business:

757 W 700 S.
WOODS CROSS, UT 84087

New Principal Place of Business:

Current Mailing Address:

757 W 700 S.
WOODS CROSS, UT 84087

New Mailing Address:

FEI Number: 65-0981356

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENNEFORTH, RICHARD
13876 SW 56HT ST
PMB 273
MIAMI, FL 33175 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WILKINS, WILLIAM S
Address: 757 W 700 S
City-St-Zip: WOODS CROSS, UT 84087

Title: D () Delete
Name: GEUTHER, CARL F
Address: 757 W 700 S
City-St-Zip: WOODS CROSS, UT 84087

Title: D () Delete
Name: JOHNSON, GLENDON E
Address: 757 W 700 S
City-St-Zip: WOODS CROSS, UT 84087

Title: D () Delete
Name: BENFELL, STANLEY E
Address: 757 W 700 S.
City-St-Zip: WOODS CROSS, UT 84087

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:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM WILKINS

D

02/05/2008

Electronic Signature of Signing Officer or Director

Date