

N00013616
Date Filed: 8/5/2014
Jason Kander
Missouri Secretary of State

*** SECTION 1, 3 & 4 ARE REQUIRED**

REPORT DUE BY: 8/31/2014

N00013616
THE DAVIDIAN SEVENTH - DAY ADVENTIST ASSOCIATION
CLAUDETTE MCGIBBON
20412 FARM ROAD 1025
EXETER MO 65647

	ORGANIZED UNDER THE LAWS OF: <u>Missouri</u>
1	PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS: * 20412 FR 1025 (Required) STREET <u>Exeter MO 65647</u> CITY / STATE ZIP

2 If changing the registered agent and/or registered office address, please check the appropriate box(es) and fill in the necessary information.

The new registered agent _____

IF CHANGING THE REGISTERED AGENT, AN ORIGINAL WRITTEN CONSENT FROM THE NEW REGISTERED AGENT MUST BE ATTACHED AND FILED WITH THIS REGISTRATION REPORT.

The new registered office address _____

Must be a Missouri address, PO Box alone is not acceptable. This section is not applicable for Banks, Trusts and Foreign Insurance.

OFFICERS		BOARD OF DIRECTORS *	
NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). <u>MUST LIST PRESIDENT AND SECRETARY BELOW</u>		NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). <u>MUST LIST AT LEAST THREE DIRECTORS BELOW</u>	
<u>PRESIDENT</u>	<u>Bingham, Victor T</u> STREET <u>20363 FR 1025</u> CITY/STATE/ZIP <u>Exeter MO 65647</u>	<u>NAME</u>	<u>McGibbon, Claudette P</u> STREET <u>20580 FR 1025</u> CITY/STATE/ZIP <u>Exeter MO 65647</u>
<u>SECRETARY</u>	<u>Dodd, Carmen A</u> STREET <u>20635 FR 1025</u> CITY/STATE/ZIP <u>Exeter MO 65647</u>	<u>NAME</u>	<u>Hamilton, Patricia</u> STREET <u>4902 Center Springs Rd</u> CITY/STATE/ZIP <u>Trafford AL 35172</u>
<u>VICE PRESIDENT</u>	<u>Pilgrim, Franklyn D</u> STREET <u>20580 FR 1025</u> CITY/STATE/ZIP <u>Exeter MO 65647</u>	<u>NAME</u>	<u>Brown, Wycliffe</u> STREET <u>121 32 234th St.</u> CITY/STATE/ZIP <u>Queens NY 11422</u>
<u>TREASURER</u>	<u>Bingham, Karyl M</u> STREET <u>20363 FR 1025</u> CITY/STATE/ZIP <u>Exeter MO 65647</u>	<u>NAME</u>	STREET _____ CITY/STATE/ZIP _____

NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED

4 The undersigned understands that false statements made in this report are punishable for the crime of making a false declaration under Section 576.060 RSMo. Photocopy or stamped signature not acceptable. *

Authorized party or officer sign here Karyl M Bingham (Required)

Please print name and title of signer: Karyl M Bingham / Treasurer
NAME TITLE

REGISTRATION REPORT FEE IS:
___\$10.00 If filed on or before 8/31/2014
___\$15.00 If filed after 9/30/2014

Corporation will be administratively dissolved if report is not filed by 11/29/2015

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

E-MAIL ADDRESS (OPTIONAL): _____