

Robin Carnahan Secretary of State
 2005 ANNUAL REGISTRATION REPORT
 NONPROFIT

File Number: 200519490141
N00013616
Date Filed: 07/13/2005
Robin Carnahan
Secretary of State

REPORT DUE BY: **08/31/2005**

ORGANIZED UNDER THE LAWS OF:
Missouri

N00013616
THE DAVIDIAN SEVENTH - DAY ADVENTIST ASSOCIATION
JEMMY E. BINGHAM
RR 1 Box 1130
Exeter, MO 65647

PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS:
1 **RR 1 Box 1130**
STREET
Exeter, MO 65647
CITY/STATE ZIP

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.

<p style="text-align: center;">OFFICERS</p> <p>NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). <u>MUST LIST AT LEAST ONE OFFICER BELOW.</u></p> <p><u>PRES</u> Jemmy E Bingham STREET/RT RR 1 Box 1129 CITY/STATE/ZIP Exeter, MO 65647</p> <p>V-PRES</p> <p>STREET/RT</p> <p>CITY/STATE/ZIP</p> <p><u>SEC'Y</u> Carmen A. Dodd STREET/RT RR 1 Box 1129 CITY/STATE/ZIP Exeter, MO 65647</p> <p>TREAS Karyl M. Bingham STREET/RT RR 1 Box 1129 CITY/STATE/ZIP Exeter, MO 65647</p> <p style="text-align: center;">NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED</p>	A	<p style="text-align: center;">BOARD OF DIRECTORS</p> <p>NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). <u>MUST LIST AT LEAST THREE DIRECTORS BELOW.</u></p> <p><u>NAME</u> Wycliffe Brown STREET/RT 121 32 234th St. CITY/STATE/ZIP Laurelton, Queens, NY 11422</p> <p>NAME Patricia Hamilton STREET/RT 4902 Center Springs Rd. CITY/STATE/ZIP Trafford, AL 35172</p> <p>NAME Victor T. Bingham STREET/RT RR 1 Box 1129 CITY/STATE/ZIP Exeter, MO 65647</p> <p>NAME</p> <p>STREET/RT</p> <p>CITY/STATE/ZIP</p>	B
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------

The undersigned understands that false statements made in this report are punishable for the crime of making a false declaration under Section 575.060 RSMo. Photocopy or stamped signature not acceptable.

4 **Authorized party or officer sign here** **Karyl M. Bingham**

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
 ___ \$15.00 If filed after 8/31
 Corporation will be administratively dissolved if report is not filed by November 30th.

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) _____

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED
 MAKE CHECK PAYABLE TO DIRECTOR OF REVENUE