

Robin Carnahan Secretary of State  
 2010 ANNUAL REGISTRATION REPORT  
 NONPROFIT

File Number: 201022890263

N00013616

Date Filed: 08/16/2010

Robin Carnahan

Secretary of State

REPORT DUE BY: 08/31/2010

**N00013616**  
**THE DAVIDIAN SEVENTH - DAY ADVENTIST ASSOCIATION**  
**JEMMY E. BINGHAM**  
**20412 FR 1025**  
**EXETER, MO 65647**

ORGANIZED UNDER THE LAWS OF:  
Missouri

**1** **PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS:**  
20412 FR 1025  
 STREET  
**Exeter, MO** **65647**  
 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 AT LEAST ONE OFFICER BELOW.</u> <b>A</b>		NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). <u>MUST LIST AT LEAST THREE DIRECTORS BELOW.</u> <b>B</b>	
<b>PRES</b> <b>Jemmy E Bingham</b>		<b>NAME</b> <b>Wycliffe Brown</b>	
STREET/RT <b>20412 FR 1025</b>		STREET/RT <b>121 32 234th St.</b>	
CITY/STATE/ZIP <b>Exeter, MO 65647</b>		CITY/STATE/ZIP <b>Laurelton, Queens, NY 11422</b>	
V-PRES .....		NAME <b>Claudette Patricia McGibbon</b>	
STREET/RT .....		STREET/RT <b>20580 FR 1025</b>	
CITY/STATE/ZIP .....		CITY/STATE/ZIP <b>Exeter, MO 65647</b>	
<b>SECY</b> <b>Carmen A. Dodd</b>		NAME <b>Victor T. Bingham</b>	
STREET/RT <b>20635 FR 1025</b>		STREET/RT <b>20363 FR 1025</b>	
CITY/STATE/ZIP <b>Exeter, MO 65647</b>		CITY/STATE/ZIP <b>Exeter, MO 65647</b>	
TREAS <b>Karyl M. Bingham</b>		NAME .....	
STREET/RT <b>20363 FR 1025</b>		STREET/RT .....	
CITY/STATE/ZIP <b>Exeter, MO 65647</b>		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 575.060 RSMo. Photocopy or stamped signature not acceptable.

**Authorized party or officer sign here** Karyl Mary Bingham (Required)

**Please print name and title of signer:** Karyl Mary 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 30.

**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

RETURN COMPLETED REGISTRATION REPORT AND PAYMENT TO: Secretary of State, P.O. Box 1366, Jefferson City, MO 65102