

Jason Kander Secretary of State
 2013 ANNUAL REGISTRATION REPORT

NONPROFIT

File Number: 201322480210

N00013616

Date Filed: 08/12/2013

Jason Kander

Secretary of State

REPORT DUE BY: 08/31/2013

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

ORGANIZED UNDER THE LAWS OF:
Missouri

PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS:
 1 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.

3 **OFFICERS** **BOARD OF DIRECTORS**
 NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). MUST LIST AT LEAST ONE OFFICER BELOW. **A** NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). MUST LIST AT LEAST THREE DIRECTORS BELOW. **B**
PRES Jemmy E Bingham **NAME** Wycliffe Brown
 STREET/RT 20412 FR 1025 STREET/RT 121 32 234th St.
 CITY/STATE/ZIP Exeter, MO 65647 CITY/STATE/ZIP Laurelton, Queens, NY 11422
V-PRES Victor Trevor Bingham **NAME** Claudette Patricia McGibbon
 STREET/RT 20363 FR 1025 STREET/RT 20580 FR 1025
 CITY/STATE/ZIP Exeter, MO 65647 CITY/STATE/ZIP Exeter, MO 65647
SECY Carmen A. Dodd **NAME** Patricia Hamilton
 STREET/RT 20635 FR 1025 STREET/RT 4902 Center Springs Rd
 CITY/STATE/ZIP Exeter, MO 65647 CITY/STATE/ZIP Trafford, AL 35172
TREAS Karyl M. Bingham **NAME**
 STREET/RT 20363 FR 1025 STREET/RT
 CITY/STATE/ZIP Exeter, MO 65647 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.
 Karyl Bingham (Required)
Please print name and title of signer: Karyl 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