

N00013616
Date Filed: 7/1/2015
Jason Kander
Missouri Secretary of State

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

REPORT DUE BY: 8/31/2015

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

Please print name and title of signer: Karyl Humphrey-Davis / Treasurer

NAME TITLE

REGISTRATION REPORT FEE IS:
 ___\$10.00 If filed on or before 8/31/2015
 ___\$15.00 If filed after 9/30/2015

Corporation will be administratively dissolved if report is not filed by 11/29/2016

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): _____