

REBECCA McDOWELL COOK, Secretary Of State
1996 ANNUAL REGISTRATION REPORT

CHECK #: 446
AMOUNT: 20.00

(Nonprofit Corporations)

This Report Due By August 31st

NOTE: TO CHANGE REGISTERED AGENT OR OFFICE
SHOWN DIRECTLY BELOW, REQUEST FORM #59
FROM THE SECRETARY OF STATE.

1 Corporation Purpose:
(Brief Statement)

To promote the gospel
thru preaching the
Word of God and music

2 THE CORPORATION IS:

Mutual Benefit
 Public Benefit

3 ARE THERE MEMBERS:

Yes No

4 ORGANIZED UNDER THE LAWS OF:

Missouri

5 PRINCIPAL PLACE OF
BUSINESS OR CORPORATE
HEADQUARTERS:

401 E. Webster
STREET
Smithton, MO 65350
CITY/STATE ZIP

RECEIVED

SEP 11 1996

Rebecca McDowell Cook
SECRETARY OF STATE

6 NAMES AND BUSINESS OR RESIDENCE ADDRESSES OF
OFFICERS: (SEE INSTRUCTIONS)

President/Secy Steven J. Gray
Chairman Steven J. Gray
STREET/RT 401 E. Webster
CITY/STATE/ZIP Smithton, MO 65350
1st V.P./Treas Kathy S. Gray
STREET/RT 401 E. Webster
CITY/STATE/ZIP Smithton, MO 65350
Secy 2nd V.P. - Eric R. Nuzum
STREET/RT 506 S. Park
CITY/STATE/ZIP Sedalia, MO 65301
Treas.
STREET/RT
CITY/STATE/ZIP

7 NAMES AND BUSINESS OR RESIDENCE ADDRESSES OF
BOARD OF DIRECTORS: (Must Have At Least 3 Directors)

NAME Steven J. Gray
STREET/RT 401 E. Webster
CITY/STATE/ZIP Smithton, MO 65350
NAME Kathy S. Gray
STREET/RT 401 E. Webster
CITY/STATE/ZIP Smithton, MO 65350
NAME Eric R. Nuzum
STREET/RT 506 S. Park
CITY/STATE/ZIP Sedalia, MO 65301
NAME
STREET/RT
CITY/STATE/ZIP

ATTACH NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS

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 1986

OFFICER SIGN HERE >>>

Kathy S. Gray
Officer signing must be listed in box #6 above or on attached list.

8 ATTACHED IS THE REGISTRATION FEE OF:
\$15.00 if filed on or before August 31st.
\$20.00 if filed after August 31st.
Corporation will be administratively dissolved if not filed by
November 30th.

N00019216
95 0401977
AG 0728994
AG 0830995

N00019216



COMPLETE ALL BOXES OR FORM WILL BE RETURNED
RETURN THIS COPY TO SECRETARY OF STATE