John R. Ashcroft Secretary of State
2018-2019 BIENNIAL REGISTRATION REPORT
NONPROFIT

N00728404
Date Filed: 6/27/2018
John R. Ashcroft
Missouri Secretary of State

☑ I ELECT TO FILE A BIENNIAL REGISTRATION REPORT

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

REPORT DUE BY: **8/31/2018**

N00728404
Steve Gray Ministries, Inc.
STEVE GRAY
605 N.W. RIVEN ROCK TRAIL
LEES SUMMIT MO 64081

ORGANIZED UNDER THE LAWS OF:
Missouri

1

PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS: *

605 NW Riven Rock Trail (Required)

STREET

Lees Summit **MO** **64081**

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.

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OFFICERS **A**

NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE).
MUST LIST PRESIDENT AND SECRETARY BELOW

PRESIDENT **Gray, Steven J**
STREET **605 NW Riven Rock Trail**
CITY/STATE/ZIP **Lee's Summit MO 64081**

SECRETARY **Gray, Kathy S**
STREET **605 NW Riven Rock Trail**
CITY/STATE/ZIP **Lee's Summit MO 64081**

STREET
CITY/STATE/ZIP

STREET
CITY/STATE/ZIP

BOARD OF DIRECTORS **B** *

NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE).
MUST LIST AT LEAST THREE DIRECTORS BELOW

NAME **Thomason, Eric**
STREET **605 NW Riven Rock Trail**
CITY/STATE/ZIP **Lee's Summit MO 64081**

NAME **McSpadden, Marian**
STREET **605 NW Riven Rock Trl**
CITY/STATE/ZIP **Lees Summit MO 64081**

NAME **Hill, Rebecca**
STREET **605 NW Riven Rock Trail**
CITY/STATE/ZIP **Lee's Summit MO 64081**

NAME
STREET
CITY/STATE/ZIP

NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED

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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 **Steven J Gray** (Required)

Please print name and title of signature: **Steven J Gray** / **President**
NAME TITLE

REGISTRATION REPORT FEE IS:
__$20.00 If filed on or before 8/31/2018
__$25.00 If filed after 9/30/2018

Corporation will be administratively dissolved if report is not filed by 11/29/2020

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