

Jason Kander Secretary of State
 2016-2017 BIENNIAL REGISTRATION REPORT
 NONPROFIT

N00773365
Date Filed: 8/30/2016
Jason Kander
Missouri Secretary of State

I ELECT TO FILE A BIENNIAL REGISTRATION REPORT

* SECTION 1, 3 & 4 ARE REQUIRED

REPORT DUE BY: 8/31/2016

N00773365
 THE CHURCH OF JESUS CHRIST CHRISTIAN/ARYAN NATIONS OF MISSOURI
 MARTIN LINDSTEDT PASTOR
 338 RABBIT TRUCK ROAD
 GRANBY MO 64844

ORGANIZED UNDER THE LAWS OF:
Missouri

PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS:
 *
 Church of Jesus Christ Christian/Aryan Nations of Missouri
 (Required)

1

338 Rabbit Track Road
 STREET
Granby MO 64844
 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.

<p>3 OFFICERS NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). MUST LIST PRESIDENT AND SECRETARY BELOW A</p> <p><u>PRESIDENT</u> Lindstedt, Martin Luther Dzerzhinsky Pastor STREET 338 Rabbit Track Road CITY/STATE/ZIP Granby MO 64844</p> <p><u>SECRETARY</u> Fausnaught, Roxie L ArchDeaconess STREET 338 Rabbit Track Road CITY/STATE/ZIP Granby MO 64844</p> <p>STREET _____ CITY/STATE/ZIP _____</p> <p>STREET _____ CITY/STATE/ZIP _____</p>	<p>BOARD OF DIRECTORS NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). MUST LIST AT LEAST THREE DIRECTORS BELOW B</p> <p><u>NAME</u> Lindstedt, Martin Luther Dzerzhinsky Pastor STREET 338 Rabbit Track Road CITY/STATE/ZIP Granby MO 64844</p> <p><u>NAME</u> Fausnaught, Roxie L STREET 338 Rabbit Track Road CITY/STATE/ZIP Granby MO 64844</p> <p><u>NAME</u> Rohde, Susan A Deaconess STREET 1140 BayForest Drive CITY/STATE/ZIP St. Augustine FL 32084</p> <p><u>NAME</u> _____ STREET _____ CITY/STATE/ZIP _____</p>
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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 Martin Lindstedt Pastor (Required)

Please print name and title of signer: Martin Lindstedt Pastor / President
 NAME TITLE

REGISTRATION REPORT FEE IS:
 ___\$20.00 If filed on or before 8/31/2016
 ___\$25.00 If filed after 9/30/2016

Corporation will be administratively dissolved if report is not filed by 11/29/2018

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): PastorLindstedt@gmail.com