

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F05000004805**

1. Entity Name  
**THREE ANGELS BROADCASTING NETWORK, INC.**



Principal Place of Business  
**3391 CHARLEY GOOD ROAD  
WEST FRANKFORT, IL 62896**

Mailing Address  
**3391 CHARLEY GOOD ROAD  
WEST FRANKFORT, IL 62896**



01052007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **37-1179056** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**DENSLOW, ALDEN E  
37414 NORTHSIDE DR  
ZEPHYRHILLS, FL 33541**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHELTON, DANNY 2954 NEW LAKE ROAD WEST FRANKFORT, IL 62896
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STEENSON, MOLLIE 400 E. 9TH STREET JOHNSTON CITY, IL 62951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EWING, LARRY 21790 BENTON STREET THOMPSONVILLE, IL 62890
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHUNG, MAY 155 MANCHESTER LANE SAN BERNARDINO, CA 92408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENSLOW, KEN 619 PLAINFIELD RD 3RD FLOOR WILLOWBROOK, IL 605215381
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FJARLI, MERLIN 670 MASON WAY MEDFORD, OR 97501

000000604743  
01/30/07-80008-016 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Larry S. Ewing* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
Date: 1/5/07 Daytime Phone #: 618-6274651(3019)