

John R. Ashcroft Secretary of State
 2017-2018 BIENNIAL REGISTRATION REPORT
 NONPROFIT

N00022375
Date Filed: 7/6/2017
John R. Ashcroft
Missouri Secretary of State

I ELECT TO FILE A BIENNIAL REGISTRATION REPORT

* SECTION 1, 3 & 4 ARE REQUIRED

REPORT DUE BY: 8/31/2017

N00022375
DISTRICT 15, AMERICAN CONTRACT BRIDGE LEAGUE
JOHN GLAGOLA
505 SUNSET
BELTON MO 64012

ORGANIZED UNDER THE LAWS OF:
Missouri

1 PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS:
 *
8804 N MAY AVE 59 (Required)
 STREET
Oklahoma City OK 73120
 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> Volmert, Mel STREET 4349 East Valley Rd. CITY/STATE/ZIP <u>Springfield MO 65809</u></p> <p><u>SECRETARY</u> Harlan, Phyllis STREET 8804 North May Ave. #59 CITY/STATE/ZIP <u>Oklahoma City OK 73120</u></p> <p><u>TREASURER</u> Harlan, Phyllis STREET 8804 North May Ave. #59 CITY/STATE/ZIP <u>Oklahoma City OK 73120</u></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> Masilamani, James Dr. STREET 2813 Tallgrass Drive CITY/STATE/ZIP <u>Topeka KS 66614</u></p> <p><u>NAME</u> Volmert, Mel STREET 4349 East Valley Rd CITY/STATE/ZIP <u>Springfield MO 65809</u></p> <p><u>NAME</u> Robin, Henry STREET 1406 SE Greystone CITY/STATE/ZIP <u>Tulsa OK 74133</u></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 PHYLLIS JO HARLAN Mrs. (Required)

Please print name and title of signer: PHYLLIS JO HARLAN Mrs. / Secretary
 NAME TITLE

REGISTRATION REPORT FEE IS:
 ___\$20.00 If filed on or before 8/31/2017
 ___\$25.00 If filed after 9/30/2017

Corporation will be administratively dissolved if report is not filed by 11/29/2019

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): altak1@aol.com