

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 12, 2009
Secretary of State**

DOCUMENT# 715181

Entity Name: EPIPHANY BIBLE STUDENTS ASSOCIATION, INCORPORATED

Current Principal Place of Business:

2501 MORNINGSIDE
P. O. BOX 97
MOUNT DORA FLA, FL 32757 US

New Principal Place of Business:

Current Mailing Address:

2501 MORNINGSIDE
P. O. BOX 97
MOUNT DORA FLA, FL 32757 US

New Mailing Address:

FEI Number: 59-6216201 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, MARJORIE H
2501 MORNINGSIDE DRIVE
MOUNT DORA, FL 32757 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: WILLIAMS, LEONARD E,
Address: 2510 NORFOLK RD
City-St-Zip: ORLANDO, FL

Title: D () Delete
Name: CLINARD, DELTA
Address: 691 HEGE ROAD
City-St-Zip: LEXINGTON, NC

Title: VD () Delete
Name: WILLIAMS, MARJORIE H
Address: 2501 MORNINGSIDE DRIVE
City-St-Zip: MOUNT DORA, FL 32757

Title: D () Delete
Name: WILLIAMS, JOHN A
Address: 3252 WINDING PINE TRL
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARJORIE H. WILLIAMS

VD

01/12/2009

Electronic Signature of Signing Officer or Director

Date