

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715181

FILED  
Jan 06, 2012  
Secretary of State

**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:**

2501 MORNINGSIDE  
MOUNT DORA FLA, FL 32757 US

**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  
Name: WILLIAMS, LEONARD E  
Address: 2510 NORFOLK RD  
City-St-Zip: ORLANDO, FL 32803 US

Title: D  
Name: CLINARD, DELTA  
Address: 691 HEGE ROAD  
City-St-Zip: LEXINGTON, NC 27295 US

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

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

I hereby 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 all other like empowered.

SIGNATURE: MARJORIEE H. WILLIAMS

VD

01/06/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date