

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 715181

**FILED**  
**Mar 07, 2016**  
**Secretary of State**  
**CC7633183335**

**Entity Name:** EPIPHANY BIBLE STUDENTS ASSOCIATION, INCORPORATED

**Current Principal Place of Business:**

2501 MORNINGSIDE  
MOUNT DORA FLA, FL 32757

**Current Mailing Address:**

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

**FEI Number:** 59-6216201

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WILLIAMS, LEONARD E  
2501 MORNINGSIDE DRIVE  
MOUNT DORA, FL 32757 US

*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:** LEONARD E. WILLIAMS

03/07/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DP  
Name WILLIAMS, LEONARD E  
Address 2510 NORFOLK RD  
City-State-Zip: ORLANDO FL 32803

Title D  
Name DANIEL, BRENDA  
Address 1517 OLD COACH ROAD  
City-State-Zip: KERNERSVILLE NC 27284

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

Title DIRECTOR  
Name DANIEL, MIKE  
Address 1517 OLD COACH ROAD  
City-State-Zip: KERNERSVILLE NC 27284

Title DIRECTOR  
Name WILLIAMS JR, LEONARD EUGENE  
Address 2930 N WESTMORELAND DR  
City-State-Zip: ORLANDO FL 32804

*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:** LEONARD E. WILLIAMS

**DIRECTOR**

03/07/2016

Electronic Signature of Signing Officer/Director Detail

Date