

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 701398

1. Entity Name

HOBE SOUND BIBLE COLLEGE INC.

Principal Place of Business

11305 SE GOMEZ AVE
P. O. BOX 1065
HOBE SOUND FL 33455

Mailing Address

11305 SE GOMEZ AVE
P. O. BOX 1065
HOBE SOUND FL 33455

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1407629

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STETLER, P. DANIEL
8858 SE KINGSLEY ST
HOBE SOUND FL 33455

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	WHITNEY, ANDREW REV	
STREET ADDRESS	74 COUNTY LIME RD	
CITY-ST-ZIP	SCHENECTADY NY	
TITLE	S	☐ Delete
NAME	STRAIGHT, KENDALL III	
STREET ADDRESS	84 KINGSLEY DR	
CITY-ST-ZIP	MASSENA NY 13662	
TITLE	D	☐ Delete
NAME	KEATON, JAMES B -SR	
STREET ADDRESS	11305 GOMEZ AVE	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	VD	☐ Delete
NAME	BAKER, CHARLES	
STREET ADDRESS	4646 PLINNEY FARLOW RD	
CITY-ST-ZIP	TRINITY NC	
TITLE	P	☐ Delete
NAME	STETLER, P. DANIEL	
STREET ADDRESS	9555 SE SUNRISE WAY	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	CD	☐ Delete
NAME	KNAPP, WESLEY	
STREET ADDRESS	ROCK HILL RD	
CITY-ST-ZIP	VOORHEESVILLE, NY.	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

P. Daniel Stetler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/01 561-545-1400
Date Daytime Phone # EXT 1005

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90020 006 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)