## 2008 NOT-FOR-PROFIT CORPORATION

## FILED Sep 12, 2008 8:00 am Secretary of State

 ANNUAL REPORT	Τ

**DOCUMENT #701398** 09-12-2008 90002 041 \*\*\*\*61.25 HOBÉ SOUND BIBLE COLLEGE INC. Principal Place of Business Mailing Address 11298 SE GOMEZ AVE 11298 SE GOMEZ AVE P. O. BOX 1065 P. O. BOX 1065 HOBE SOUND, FL 33475 HOBE SOUND, FL 33475 2. Principal Place of Business - No P.O. Box # 3. Mailing Address ROG BOX 11298 SE Gomez Ave Suite, Apt. #, etc. Suite, Apt. #, etc. 07072008 Cha-NP CR2E037 (12/06) City & State City & State 4. FEI Number Applied For 59-1407629 Hobe So Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STETLER, P. DANIEL Street Address (P.O. Box Number is Not Acceptable) 8858 SE KINGSLEY ST HOBE SOUND, FL 33455 City Zip Code FL 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by September 12, 2008 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11 D TITLE ☐ Delete TITLE ☐ Change ☐ Addition ROBINSON, STEPHEN REV NAME NAME STREET ADDRESS 5550 JEFFERSON PAIGE RD STREET ADDRESS SHREVEPORT, LA 71119 CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition TITLE STRAIGHT, KENDALL III NAME 84 Kingsley Rd STREET ADDRESS 84 KINGSLEY DR STREET ADDRESS CITY-ST-ZIP MASSENA, NY 13662 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition LAWRENCE, C.A. NAME 8928 SE PINE CONE LANE STREET ADORESS STREET ADDRESS CITY-ST-ZIP HOBE SOUND, FL 33455 CITY-ST-ZIP VD TITLE ☐ Delete TITLE ☐ Change ☐ Addition BAKER, CHARLES NAME 4646 PLINEY FARLOW RD STREET ADORESS STREET ADORESS CITY-ST-ZIP TRINITY, NC 27370 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition STETLER, P. DANIEL NAME 8858 SE KINGSLEY ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOBE SOUND, FL 33455 CITY-ST-ZIP CD ☐ Delete TITLE TITLE ☐ Channe ☐ Addition KNAPP, WESLEY NAME STREET ADDRESS 380 ROCKHILL RD. STREET ADDRESS VOOHEESVILLE, NY 12186 CITY-ST-ZIP CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

772-546-5534