2009 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

FILED DOCUMENT # 701935 Mar 31, 2000 8:00 am 1. Entity Name **Secretary of State** HIAWASSA BIBLE CHAPEL, INC. 03-31-2000 90010 013 ****61.25 Principal Place of Business Mailing Address 1900 HIAWASEE ROAD 1900 HIAWASEE ROAD ORLANDO FL 32818-5219 ORLANDO FL 32818 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 05-0073012 Not Applicable Zip Country 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 Street Address (P.O. Box Number is Not Acceptable) SCOTT, EDWIN L. 3024 PIONEER ROAD ORLANDO FL 32808 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Make Check Payable to **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Change ☐ Addition TITLE TITLE ☐ Delete NELSON, MICHAEL 728 ST JOHNS RIVERDA NAME NICHOLS, JAMES H NAME STREET ADDRESS STREET ADDRESS 3165 ORLEANS WAY S **32773** SANGOND, FL CITY-ST-ZIP CITY-ST-ZIP APOPKA FL 32703 □ Addition ☐ Change PD Delete TITLE TITLE NUNN, ROBERT ANGY, CHARLES S NAME NAME 232 LITTLE HAMPTON close STREET ADORESS STREET ADDRESS 6347 MEADOW RIDGE LN CITY-ST-ZIP CITY-ST-ZIP LONSWOOD, FL 32775 ORLANDO FL ☐ Change **FA** Addition TITLE SD ☐ Delete TITLE DALEY, CARLTON NELSON, MICHAEL NAME NAME 5638 PINEY RIDGE Dr STREET ADDRESS STREET ADDRESS 728 ST. JOHNS RIVER DR Orumo, FL 32808 CITY-ST-7IP CITY-ST-ZIP SANFORD FL Addition **VD** Delete ☐ Change TITLE TITLE ROBERTS, CLIFFORD SLOAN, MELVIN NAME NAME 150 bearge AVE W STREET ADDRESS STREET ADDRESS 3161 MCEWEN VIEW CIRCLE CITY-ST-ZIP MAITHMO FL, 32751 CITY-ST-ZIP ORLANDO FL 32812 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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