2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 08:00 AM
Secretary of State

DOCUMENT # 701935

1. Entity Name
HIAWASSA BIBLE CHAPEL, INC.

Principal Place of Business	Mailing Address
1900 HIAWASEE ROAD ORLANDO, FL 32818	1900 HIAWASEE ROAD ORLANDO, FL 32818

02272004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
05-0073012
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SKELTON, WILLIAM
15739 PADDOCK DRIVE
MONTVERDE, FL 34756

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	SKELTON, WILLIAM J
STREET ADDRESS	15739 PADDOCK DR
CITY-ST-ZIP	MONTVERDE, FL 34756
TITLE	SD
NAME	NUNN, ROBERT
STREET ADDRESS	232 LITTLE HAMPTON CLOSE
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	VD
NAME	DEJAGER, WILLIAM
STREET ADDRESS	7635 CAKE MARSH DR
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	PD
NAME	BLOUNT, RICHARD E
STREET ADDRESS	1401 LAKE FRANCES DR
CITY-ST-ZIP	APOPKA, FL 32712
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/01/04-80114-002 61.25

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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: [signature] William JK Nunn 2/28/04 407-469-2663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #