

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90072 008 ****61.25

DOCUMENT # 707413

1. Entity Name

HOMESTEAD COLLEGE OF BIBLE, INCORPORATED

Principal Place of Business

Mailing Address

P O BOX ONE
 ORLANDO FL 32802
 US

P O BOX ONE
 ORLANDO FL 32802



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2649574

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PENT, DAVID A
100 N DRIFTWOOD LN
SANFORD FL 32773

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
PST	PENT, DAVID A DR		
STREET ADDRESS	100 N DRIFTWOOD LN		
CITY-ST-ZIP	SANFORD FL		
VD	HUGHES, JOHN A		
STREET ADDRESS	920 W. NEW HAMPSHIRE ST.		
CITY-ST-ZIP	ORLANDO-FL		
VD	PENT FAMA L		
STREET ADDRESS	100 N DRIFTWOOD LN		
CITY-ST-ZIP	SANFORD FL		

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: *David A. Pent* **DAVID A. PENT** **2/15/02**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **407-321-0300**

CR2E037 (9/01)