


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 08:00 A
Secretary of State

DOCUMENT # 707413	
1. Entity Name HOMESTEAD COLLEGE OF BIBLE, INCORPORATED	

Principal Place of Business P O BOX ONE ORLANDO, FL 32802 US	Mailing Address P O BOX ONE ORLANDO, FL 32802
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DO NOT WRITE IN THIS SPACE



03042008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2649574	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**PENT, DAVID A
100 N DRIFTWOOD LN
SANFORD, FL 32773**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000851642 03/25/08-80048-006 70.00
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10. OFFICERS AND DIRECTORS

TITLE PST	NAME PENT, DAVID A DR	STREET ADDRESS 100 N DRIFTWOOD LN	CITY-ST-ZIP SANFORD, FL
TITLE VD	NAME PENT, PAUL	STREET ADDRESS 35 ROHDE AVE	CITY-ST-ZIP SAINT AUGUSTINE, FL 32084
TITLE VD	NAME PENT FAMA L	STREET ADDRESS 100 N DRIFTWOOD LN	CITY-ST-ZIP SANFORD, FL
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	

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IN THIS SPACE**

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:  **David A. Pent** **3/4/08** **407-321-0320**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #