


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 Mailing Address

P O BOX ONE **P O BOX ONE**
ORLANDO, FL 32802 US **ORLANDO, FL 32802**

DO NOT WRITE IN THIS SPACE



03042008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2649574	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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, 2008

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

U00000851642
 03/25/08-80048-006 70.00

10. OFFICERS AND DIRECTORS

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

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

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