

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707413

FILED
Apr 10, 2009
Secretary of State

Entity Name: HOMESTEAD COLLEGE OF BIBLE, INCORPORATED

Current Principal Place of Business:

P O BOX ONE
ORLANDO, FL 32802 US

New Principal Place of Business:

100 N DRIFTWOOD LN
SANFORD, FL 32773 US

Current Mailing Address:

P O BOX ONE
ORLANDO, FL 32802

New Mailing Address:

FEI Number: 59-2649574 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

PENT, DAVID A DR.
100 N DRIFTWOOD LN
SANFORD, FL 32773 US

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: DAVID A. PENT

04/10/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: PENT, DAVID A DR
Address: 100 N DRIFTWOOD LN
City-St-Zip: SANFORD, FL

Title: VD () Delete
Name: PENT, PAUL
Address: 35 ROHDE AVE
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: VD () Delete
Name: PENT FAMA L
Address: 100 N DRIFTWOOD LN
City-St-Zip: SANFORD, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: PENT, DAVID A DR.
Address: 100 N DRIFTWOOD LN
City-St-Zip: SANFORD, FL 32773 US

Title: VD (X) Change () Addition
Name: PENT, PAUL DR.
Address: 35 ROHDE AVE
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: VD (X) Change () Addition
Name: PENT, FAMA L MRS.
Address: 100 N DRIFTWOOD LN
City-St-Zip: SANFORD, FL 32773 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. DAVID A. PENT

PST

04/10/2009

Electronic Signature of Signing Officer or Director

Date