

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90340 021 ****61.25

DOCUMENT # 715181

1. Entity Name

**EPIPHANY BIBLE STUDENTS ASSOCIATION,
INCORPORATED**



Principal Place of Business

2501 MORNINGSIDE
P. O. BOX 97
MOUNT DORA FLA FL 32757
US

Mailing Address

2501 MORNINGSIDE
P. O. BOX 97
MOUNT DORA FLA FL 32757
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MOORE

CR2E037 (11/03)

4. FEI Number

59-6216201

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOEFLE, EMILY
2501 MORNINGSIDE DRIVE
MOUNT DORA FL 32757

7. Name and Address of New Registered Agent

Name

MARJORIE H. WILLIAMS

Street Address (P.O. Box Number is Not Acceptable)

2501 MORNINGSIDE DRIVE

MOUNT DORA, FL 32757

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Marjorie H. Williams

Marjorie H. Williams

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☒

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE DP
NAME WILLIAMS, LEONARD E
STREET ADDRESS 2518 NORFOLK RD.
CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE VD
NAME HOEFLE, EMILY
STREET ADDRESS 2501 MORNINGSIDE
CITY-ST-ZIP MOUNT DORA, FL 00000 ☐ Delete

TITLE D
NAME CLINARD, DELTA
STREET ADDRESS 691 HEGE ROAD
CITY-ST-ZIP LEXINGTON NC ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME WILLIAMS, MARJORIE H.
STREET ADDRESS 2501 MORNINGSIDE DRIVE
CITY-ST-ZIP MOUNT DORA, FL 32757 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Marjorie H. Williams

Marjorie H. Williams

April 14, 2004

352-383-2248

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #