

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

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**



01172006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

**WILLIAMS, MARJORIE H
2501 MORNINGSIDE DRIVE
MOUNT DORA, FL 32757**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	WILLIAMS, LEONARD E
STREET ADDRESS	2518 NORFOLK RD.
CITY-ST-ZIP	ORLANDO, FL
TITLE	VD
NAME	HOEFLE, EMILY
STREET ADDRESS	2501 MORNINGSIDE
CITY-ST-ZIP	MOUNT DORA, FL 00000,
TITLE	D
NAME	CLINARD, DELTA
STREET ADDRESS	691 HEGE ROAD
CITY-ST-ZIP	LEXINGTON, NC
TITLE	D
NAME	WILLIAMS, MARJORIE H
STREET ADDRESS	2501 MORNINGSIDE DRIVE
CITY-ST-ZIP	MOUNT DORA, FL 32757
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000399461
02/01/06-80014-004 61.25

**DO NOT WRITE
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: Marjorie H. Williams **Marjorie H. Williams** 1/18/06 352-383-2248

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #