

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90110 048 ****61.25

DOCUMENT # 740229

1. Entity Name

HOLLYWOOD BIBLE CHAPEL, INC.



Principal Place of Business

2300 HOLLYWOOD BLVD
HOLLYWOOD FL 33020

Mailing Address

2300 HOLLYWOOD BLVD
HOLLYWOOD FL 33020

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6166588

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOWE, J E
5300 MADISON ST
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name

PERRY W. HODGES, JR.

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

1401 E. BROWARD BLVD. # 300

City

FT. LAUDERDALE

FL

Zip Code

33301

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 reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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	PD	<input type="checkbox"/> Delete
NAME	DITTHARDT, ROBERT	
STREET ADDRESS	515 SOUTH CRESCENT DR.	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CAMPBELL, EARL	
STREET ADDRESS	1333 NW 13 PLACE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LOWE, J E	
STREET ADDRESS	5300 MADISON ST	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HUNTER, J.J.	
STREET ADDRESS	1891 NORTH 61 ST. AVE., #106	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE	ATD	<input type="checkbox"/> Delete
NAME	LOWE, LOWELL	
STREET ADDRESS	5011 ADAMS ST	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	ASD	<input checked="" type="checkbox"/> Delete
NAME	HUNTER, J J	
STREET ADDRESS	1891 N 61ST AVE #106	
CITY-ST-ZIP	HOLLYWOOD FL 33024	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ASD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN B. McCLUSKEY	
STREET ADDRESS	5470 SW 59 AVE	
CITY-ST-ZIP	DAVIE FL 33314	

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:

JAMES E. LOWE
TREASURER/DIRECTOR

4/27/05

954-966-3956

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #