


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 18, 2007 8:00 am
Secretary of State

05-18-2007 90025 045 ****70.00

DOCUMENT # 740229	
1. Entity Name	
HOLLYWOOD BIBLE CHAPEL, INC.	

Principal Place of Business	Mailing Address
2300 HOLLYWOOD BLVD HOLLYWOOD FL 33020	2300 HOLLYWOOD BLVD HOLLYWOOD FL 33020

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/06)

4. FEI Number		Applied For
59-6166588		Not Applicable
5. Certificate of Status Desired		\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HODGES, PERRY W 1401 E. BROWARD BLVD. #300 FORT LAUDERDALE FL 33301		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW: FEE IS \$61.25
Due By: May 1, 2007

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNTER, JAMES J	NAME	
STREET ADDRESS	1891 N. 61 AVE #106	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33024	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, EARL	NAME	
STREET ADDRESS	1333 NW 13 PLACE	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWE, J E	NAME	
STREET ADDRESS	5300 MADISON ST	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021	CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCLUSKEY, JOHN B	NAME	SD
STREET ADDRESS	5470 SW 59 AVE	STREET ADDRESS	KENNETH DITTHARDT
CITY-ST-ZIP	FORT LAUDERDALE FL 33314	CITY-ST-ZIP	1138 SDAMS STREET
TITLE	ATD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWE, LOWELL	NAME	
STREET ADDRESS	5011 ADAMS ST	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021	CITY-ST-ZIP	
TITLE	ASD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCLUSKEY, JOHN B	NAME	ASD
STREET ADDRESS	1138 ADAMS STREET	STREET ADDRESS	GLENN M. BIALY
CITY-ST-ZIP	HOLLYWOOD FL 33019	CITY-ST-ZIP	3721 N. 53 AVE
			HOLLYWOOD, FL 33021

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: JAMES E. LOWE TREASURER/DIRECTOR 4/26/07 954-966-3956