


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

FILED
Jan 24, 2007 08:00 A
Secretary of State

DOCUMENT # 746094 1. Entity Name HEBRON MINISTRIES, INC.			
Principal Place of Business 3905 HIELD ROAD NW PALM BAY FL 32907		Mailing Address 3905 HIELD ROAD NW PALM BAY FL 32907	
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
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BUCKINGHAM, JACQUELINE L. 3905 HIELD ROAD NW PALM BAY FL 32907		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, JONATHAN	NAME	
STREET ADDRESS	14023 HOWBERRY RD	STREET ADDRESS	
CITY ST ZIP	DRAPER UT 84020	CITY ST ZIP	
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCKINGHAM, JACQUELINE L	NAME	
STREET ADDRESS	3905 HIELD ROAD NW	STREET ADDRESS	
CITY ST ZIP	PALM BAY FL	CITY ST ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCKINGHAM, MICHELE	NAME	
STREET ADDRESS	3901 HIELD RD NW	STREET ADDRESS	
CITY ST ZIP	PALM BAY FL	CITY ST ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, ROBIN B.	NAME	
STREET ADDRESS	14023 HOWBERRY RD	STREET ADDRESS	
CITY ST ZIP	DRAPER UT 84020	CITY ST ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCKINGHAM, BRUCE	NAME	
STREET ADDRESS	3901 HIELD RD NW	STREET ADDRESS	
CITY ST ZIP	PALM BAY FL	CITY ST ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANZINO, MARION	NAME	
STREET ADDRESS	1613 S. WICKHAM ROAD	STREET ADDRESS	
CITY ST ZIP	WEST MELBOURNE FL	CITY ST ZIP	
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: <i>Jacqueline L. Buckingham</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1-18-2007 321-727-107 <small>Date Daytime Phone #</small>	



1st MOORE CR2E037 (10/06)

4. FEI Number **59-1888154** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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01/26/07-80090-017 70.00