

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

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90030 032 \*\*\*\*61.25

**DOCUMENT # 751673**

1. Entity Name

HURRICANE CREEK BAPTIST CHURCH, INC.



Principal Place of Business

% LARRY ZORN  
HWY 2A  
WESTVILLE FL 32464

Mailing Address

1163 ZORN LN  
WESTVILLE FL 32464

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

59-2866431

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZORN, WILLIAM E., SR  
1192 HWY 2A  
WESTVILLE FL 32464

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

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	D	<input type="checkbox"/> Delete
NAME	JOHNSON, WILLIE	
STREET ADDRESS	1195 HWY 1	
CITY-ST-ZIP	WESTVILLE FL 32464	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LINZEY, AL	
STREET ADDRESS	1311 HURRICANE CREEK RD	
CITY-ST-ZIP	WESTVILLE FL 32464	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ZORN, WILLIAM E JR	
STREET ADDRESS	2234 PLEASANT RIDGE RD	
CITY-ST-ZIP	PONCE DE LEON FL 32455	
TITLE	D	<input type="checkbox"/> Delete
NAME	YARBOROUGH, S.K.	
STREET ADDRESS	1465 N. HWY 81	
CITY-ST-ZIP	WESTVILLE FL 32464	
TITLE	I	<input type="checkbox"/> Delete
NAME	ZORN, LARRY	
STREET ADDRESS	1163 ZORN LANE	
CITY-ST-ZIP	WESTVILLE FL 32464	
TITLE	D	<input type="checkbox"/> Delete
NAME	YARBROUGH, PHILLIP JR	
STREET ADDRESS	1154 N. HWY 81	
CITY-ST-ZIP	WESTVILLE FL 32464	

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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sewell, Willie F.	
STREET ADDRESS	1376 Hwy 2A	
CITY-ST-ZIP	Westville, FL 32464	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stafford, Ronald	
STREET ADDRESS	1069 Hwy 81 N	
CITY-ST-ZIP	Westville, FL 32464	
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		

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:

*Larry Zorn*

Larry Zorn

2-5-05

850 956 2182

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #