2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 10, 2007 8:00 am Secretary of State DOCUMENT # L31372 1. Entity Name 05-10-2007 90029 047 ***150.00 BIBLICAL HERITAGE COLLECTION ARCHIVES, INC. Principal Place of Business Mailing Address 601 N FERNCREEK PO BOX 16217 TALLAHASSEE FL 32317-6217 ORLANDO FL 32853-6973 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-2976901 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo WHITLEY, LARRY Street Address (P.O. Box Number is Not Acceptable) 601 N FERNCREEK AVNEUE, **SUITE #110** ORLANDO FL 32853-6973 Zip Code FL 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 reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DIRECTOR HITTE HILL **⊠** Delete SARA E. SMITH 25 HIAWATHA FARMS Rd. Addition Addition ARD-CERVENKA, LISA NAMI NAM 6001 VETERAN'S MEMORIAL HWY STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32309 MONTICELLO, FL 32344 CHY ST 7/P CHY SEZIP DIRECTOR ☐ Delete HILLE THEF ☐ Change Addition DAVID A. SMITH NAME NAME STREET ADDRESS STREET ADDRESS 25 HIAWATHA FARMS PCd. CITY S1-ZIP CITY S1-7IP MONTICELLO, FL 32344 ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CHY SI-ZIP CITY ST-7IP IIII Delete [][[] Change ■ Addition NAMI NAM STREET ADDRESS STREET ADDRESS CHY SI 7IP CITY ST ZIP ☐ Detete ши □ Change Addition DILL STREET ADDRESS STREET ADDRESS CITY ST-7IP CHY-ST ZIP ☐ Delete THIE ☐ Change ☐ Addition [F11 F NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-7IP CHY+St+7P

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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, 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: _

SAPER E. SMITH 4/23/17 407-381-1838
CTOR Date Date Drysme Phone #

FILED