

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2008 08:00 A
Secretary of State

DOCUMENT # L31372

1. Entity Name

BIBLICAL HERITAGE COLLECTION ARCHIVES, INC.



Principal Place of Business

601 N FERNCREEK
200
ORLANDO FL 32853-6973
US

Mailing Address

PO BOX 16217
TALLAHASSEE FL 32317-6217
US



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

CR2E034 (10/07)

4. FEI Number

59-2976901

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

WHITLEY, LARRY
601 N FERNCREEK AVENUE,
SUITE #110
ORLANDO FL 32853-6973

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 re-registering.

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D ☐ Delete
SMITH, SARA E
25 HIAWATHA FARMS RD
MONTICELLO FL 32344

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition
U000001904397
05/01/08-90011-007 150.00

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D ☐ Delete
SMITH, DAVID A
25 HIAWATHA FARMS RD
MONTICELLO FL 32344

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
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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 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:

Sara E. Smith - SARA E. SMITH 4-10-08 407-381-1838
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #