## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0000003085

Entity Name: HIDDEN TREASURE FELLOWSHIP, INC.

FILED Jun 22, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 22631 ROCKLAND AVENUE SORRENTO, FL 32776 **Current Mailing Address: New Mailing Address:** P.O. BOX 1421 SORRENTO, FL 327761421 FEI Number: 59-3645390 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MILLER, DEBORAH JO 22631 ROCKLAND AVENUE SORRENTO, FL 32776 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MILLER, DEBORAH JO Name: Name: 22631 ROCKLAND AVENUE Address: Address: SORRENTO, FL 32776 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition Name: WESTCOTT, JEAN M Name: Address: 2455 MARKINGHAM ROAD Address: City-St-Zip: MAITLAND, FL 32751 City-St-Zip: Title: () Delete Title: () Change () Addition STANLEY-CUMMINGS, DI Name: Name: POST OFFICE BOX 161064 N/A Address: Address: City-St-Zip: ALTAMONTE SPRINGS, FL 327161064 City-St-Zip: Title: Title: (X) Change ( ) Addition ( ) Delete MCKILLOP III, JAMES H Name: MILLER, DANIEL W Name: 22631 ROCKLAMD AVENUE 510 WEKIVA LANDING DR Address: Address: City-St-Zip: SORRENTO, FL 32776 City-St-Zip: APOPKA, FL 32712 Title: () Delete Title: (X) Change ( ) Addition FAZEKAS, KAREN R HURST, PEYTON H Name: Name: 122 HEATHER HILL Address: Address: 421 MAYA ST City-St-Zip: LONGWOOD, FL 32750 City-St-Zip: LAKE MARY, FL 32746 Title: () Delete Title: () Change () Addition MATTINGLY, KIM RENEE Name: Name: Address: 216 WOODS TRAIL Address: SANFORD, FL 32771 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBORAH JO MILLER DP 06/22/2004

DICK, TIMOTHY A, DIRECTOR 2741 DEER BERRY CT LONGWOOD, FL 32779