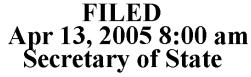
2005 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT (AR)



1. Entity Name HIDDEN TREASURE FELLOWSHIP, INC.					O4-13-2005 90018 004 ****61.25				
Principal Place of Business 22631 ROCKLAND AVENUE SORRENTO FL 32776		Mailing Address P.O. BOX 1421 SORRENTO FL 32776-1421							
2. Principal Place of Business		3. Mailing Address			.	JAJN EZKII AZKI BAIAN I	LIII BAKKI IAKKI OJ	JJJ81 81 1886	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE CR2E037 (10/04)				
City & State		City & State			4. FEI Number 59-36453	90	<u> </u>	plied For ot Applicable	
Zip	Country	Zip Country			5. Certificate of Status Desired		8.75 Add	litional	
<u> </u>	6. Name and Address of Current	Registered Agent		 -	7. Name and Address of Nev				
			Naп	Name					
MILLER, DEBORAH JO 22631 ROCKLAND AVENUE SORRENTO FL 32776			Stre	Street Address (P.O. Box Number is Not Acceptable)					
	v		City			FL	Zip Code	e	
	named entity submits this statement folions of registered agent.	r the purpose of changing its	registered offic	e or registe	red agent, or both, in the State of	Florida. I am fa	amiliar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered agent	and title it applicable. (NOTE	: Registered Agent s	ignature required	d when reinstating)	DATE			
	FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Car Trust Fund C			Added to Fees	Make Check orida Departi	ment of S	State	
10.	OFFICERS AND DIE	RECTORS	11.		ADDITIONS/CHANGES TO OFFI	CERS AND DIR	ECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MILLER, DEBORAH JO 22631 ROCKLAND AVENUE SORRENTO FL 32776	☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	ESS			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WESTCOTT, JEAN M 2455 MARKINGHAM ROAD MAITLAND FL 32751	☐ Delete	TITLE NAME STREET ADDRI CITY-ST-ZIP	ess			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS STANLEY-CUMMINGS, D I POST OFFICE BOX 161064 N/A ALTAMONTE SPRINGS FL 32716-	Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	ss			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKILLOP III, JAMES H 510 WEKIVA LANDING DR APOPKA FL 32712	☐ Delete	TITLE NAME STREET ADDRI CITY-ST-ZIP	ss i			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HURST, PEYTON H 421 MAYA ST LAKE MARY FL 32746	☐ Delete	TITLE NAME STREET ADDRI CITY-ST-ZIP		5 STARGAZER TER 250RD, FL 327	2) ASS	Change	☐ Addition	
NAME STREET ADDRESS	D MATTINGLY, KIM RENEE 216 WOODS TRAIL SANFORD FL 32771	☐ Delete	TITLE NAME STREET ADDRE		-		☐ Change	Addition	

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 empoyered.

SIGNATURE:

ATTACHMENT

10. OFFICERS AND DIRECTORS (continued)

N 0000000 3085

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE

D

X Addition

NAME

DICK, TIMOTHY A

STREET ADDRESS

2741 DEER BERRY CT

CITY - ST - ZIP

LONGWOOD, FL 32779

TITLE

D

X Addition

NAME

SENFT, BARBARA J

STREET ADDRESS

673 GREYWOOD DR

CITY - ST - ZIP

ALTAMONTE SPRINGS, FL 32701-2736