

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90074 044 ****61.25

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1. Entity Name
HIDDEN TREASURE FELLOWSHIP, INC.

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03192006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-3645390

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**MILLER, DEBORAH JO
22631 ROCKLAND AVENUE
SORRENTO, FL 32776**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
MILLER, DEBORAH JO
22631 ROCKLAND AVENUE
SORRENTO, FL 32776** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
WESTCOTT, JEAN M
2455 MARKINGHAM ROAD
MAITLAND, FL 32751** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
STANLEY-CUMMINGS, D I
PQST.OFFICE BOX 161064 N/A
ALTAMONTE SPRINGS, FL 327161064** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MCKILLOP III, JAMES H
510 WEKIVA LANDING DR
APOPKA, FL 32712** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
HURST, PEYTON H
1858 STARGAZER TERRACE
SANFORD, FL 32771** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MATTINGLY, KIM RENEE
216 WOODS TRAIL
SANFORD, FL 32771** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

2. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/06

Date

(407) 333-0182

Daytime Phone #

ATTACHMENT

40052581

#N000000003085

10. OFFICERS AND DIRECTORS (continued)

TITLE	D
NAME	DICK, TIMOTHY A
STREET ADDRESS	2741 DEER BERRY CT
CITY-ST-ZIP	LONGWOOD, FL 32779

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SENFT, BARBARA J	
STREET ADDRESS	673 GREYWOOD DR	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701-2736	