


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90004 020 ****61.25

DOCUMENT # N00000003085 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 - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3645390	
5. Certificate of Status Desired <input type="checkbox"/>				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MILLER, DEBORAH JO 22631 ROCKLAND AVENUE SORRENTO, FL 32776				7. Name and Address of New Registered Agent Name DAY, DEBORAH JO Street Address (P.O. Box Number is Not Acceptable) 22631 ROCKLAND AVENUE City SORRENTO FL Zip Code 32776	
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: <i>Deborah Jo Day</i> DEBORAH JO DAY, PRESIDENT 3/15/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MILLER, DEBORAH JO 22631 ROCKLAND AVENUE SORRENTO, FL 32776	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAY, DEBORAH JO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WESTCOTT, JEAN M 2455 MARKINGHAM ROAD MAITLAND, FL 32751	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS STANLEY-CUMMINGS, D I POST OFFICE BOX 161064 N/A ALTAMONTE SPRINGS, FL 327161064	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKILLOP III, JAMES H 510 WEKIVA LANDING DR APOPKA, FL 32712	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HURST, PEYTON H 1858 STARGAZER TERRACE SANFORD, FL 32771	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATTINGLY, KIM RENEE 216 WOODS TRAIL SANFORD, FL 32771	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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: <i>Deborah Jo Day</i> 3/15/07 (407) 333-0182 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT

40039557

#N00606003085

10. OFFICERS AND DIRECTORS (continued)

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

#N000000003085

Case No.: 06 D2383
Division: 8

and

**FINAL JUDGMENT OF DISSOLUTION OF MARRIAGE WITH
PROPERTY BUT NO DEPENDENT OR MINOR CHILD(REN) (UNCONTESTED)**

1. The Court has jurisdiction over the subject matter and the parties.
2. At least one party has been a resident of the State of Florida for more than 6 months immediately before filing the Petition for Dissolution of Marriage.
3. The parties have no minor or dependent children in common, and the wife is not pregnant.
4. The marriage between the parties is irretrievably broken. Therefore, the marriage between the parties is dissolved, and the parties are restored to the status of being single.
5. Marital Settlement Agreement: The parties have voluntarily entered into a Marital Settlement Agreement, and each has filed the required Family Law Financial Affidavit. Therefore, the Marital Settlement Agreement is filed as "Exhibit A" in this case and is ratified and made a part of this final judgment. The parties are ordered to obey all of its provisions.
6. The Court finds that the parties have the present ability to pay support as agreed to in the marital settlement agreement as ratified and made part of this final judgment.

8. The Court reserves jurisdiction to enforce this final judgment.

ORDERED on June 6, 2006

I HEREBY CERTIFY that the above and foregoing is a true copy of the document filed in this office.

JAMES C. WATKINS, Clerk Circuit Court

By [Signature] Deputy Clerk
Dated June 6, 2006

CIRCUIT JUDGE - DON F. Brugg

Other: Daniel miller 715 B.N. Lake Davis Dr., Orlando FL 32806

Florida Supreme Court Approved Family Law Form 12.990(b)(2), Final Judgment of Dissolution of Marriage with Property but No Dependent or Minor Child(ren) (Uncontested) (9/00)

Dissolution of Marriage with Property but No

TUDICIAL ASSISTANT