

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90155 037 ****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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3645390

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

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

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE DS ☐ Delete
NAME STANLEY-CUMMINGS, D I
STREET ADDRESS POST OFFICE BOX 161064 N/A
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32716-1064

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

TITLE V ☐ Delete
NAME MILLER, DANIEL W
STREET ADDRESS 22631 ROCKLAND AVENUE
CITY-ST-ZIP SORRENTO FL 32776

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

TITLE D ☐ Delete
NAME FAZEKAS, KAREN R
STREET ADDRESS 122 HEATHER HILL
CITY-ST-ZIP LONGWOOD FL 32750

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

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

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

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 empowered.

SIGNATURE:

Deborah Jo Miller

4/7/03

(352) 383-7908

CR2E037 (10/02)

80076364
N00000003085

ATTACHMENT B
Officers, Directors, Trustees, and Principal Salaried Executive Personnel

Please list officers, directors, trustees, and principal salaried executive personnel:

1. Name: MILLER, DEBORAH JO
Address: 22631 ROCKLAND AVENUE
City, State, and Zip: SORRENTO, FL 32776
2. Name: WESTCOTT, JEAN M.
Address: 2455 MARKINGHAM ROAD
City, State, and Zip: MATTLAND, FL 32751
3. Name: STANLEY-CUMMINGS, D.I.
Address: POST OFFICE BOX 161064
City, State, and Zip: ALTAMONTE SPRINGS, FL 32716
-1064
4. Name: MILLER, DANIEL W.
Address: 22631 ROCKLAND AVENUE
City, State, and Zip: SORRENTO, FL 32776
5. Name: PAZEKAS, KAREN R.
Address: 122 HEATHER HILL
City, State, and Zip: LONGWOOD, FL 32750
6. Name: MATTINGLY, KIM RENEE
Address: 216 WOODS TRAIL
City, State, and Zip: SANFORD, FL 32771
7. Name: MCKILLOP III, JAMES H.
Address: 510 WEKIVA LANDING DRIVE
City, State, and Zip: APOPKA, FL 32712
8. Name: _____
Address: _____
City, State, and Zip: _____
9. Name: _____
Address: _____
City, State, and Zip: _____