

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000001193 1. Entity Name HIDING PLACE MINISTRY, INC.	
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Principal Place of Business 1101 LONDONWOOD STREET BRANDON, FL 33510	Mailing Address 1101 LONDONWOOD STREET BRANDON, FL 33510
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DO NOT WRITE IN THIS SPACE

03022004 No Chg-NP CR2E037 (10/03)

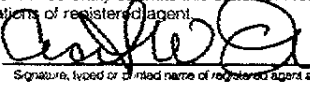
4. FEI Number 74-3029245	Applied For Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THORN, CECIL W REV.
1101 LONDONWOOD STREET
BRANDON, FL 33510

**DO NOT WRITE
IN THIS SPACE**

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  CECIL W THORN 3/2/04
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, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	000000114512 04/15/04-80053-009 70.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THORN, CECIL W REV. 1101 LONDONWOOD STREET BRANDON, FL 33510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EMBRY, JR., PALMAR G REV 506 W 129 AVE TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THORN, KATHLEEN S 1101 LONDONWOOD STREET BRANDON, FL 33510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EMBRY, JEWELL A 506 W 129 AVE TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:  CECIL W THORN 3/2/04 813-662-9393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #