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.

Principal Place of Business	Mailing Address
1101 LONDONWOOD STREET BRANDON, FL 33510	1101 LONDONWOOD STREET BRANDON, FL 33510

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 X **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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

U00000114512
04/15/04-80053-009 70.00

10. OFFICERS AND DIRECTORS

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

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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 #