

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # N02000001193

1. Entity Name
HIDING PLACE MINISTRY, INC.



Principal Place of Business
**1101 LONDONWOOD STREET
BRANDON, FL 33510**

Mailing Address
**1101 LONDONWOOD STREET
BRANDON, FL 33510**



01142007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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**

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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

[Signature]
Signature, typed or printed name of registered agent and title if applicable

Rev. Cecil W Thorn
(NOTE: Registered Agent signature required when reinstating)

1/14/07
DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

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	MOTT, VEKA B
STREET ADDRESS	6805 NOETH DIXON AVE
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/19/07-80044-006 70.00

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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:

[Signature] *Cecil W Thorn*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/07 *813-662-9393*
Date Daytime Phone #