

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90302 014 ****70.00

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1. Entity Name

HEBRON FAITH MINISTRIES, INC.



Principal Place of Business

1933 NATCHEZ TRACE BLVD.
ORLANDO FL 32818
US

Mailing Address

P.O. BOX 682818
ORLANDO FL 32868
US



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

20-1927267

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

CLARKE, CAROL L
1933 NATCHEZ TRACE BLVD.
ORLANDO FL 32818

7. Name and Address of New Registered Agent

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
Due By May 1, 2006**

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

TITLE P ☐ Delete
NAME CLARKE, CAROL L
STREET ADDRESS 1933 NATCHEZ TRACE BLVD.
CITY-ST-ZIP ORLANDO FL 32818

TITLE VP ☐ Delete
NAME CLARKE, LESLEY G
STREET ADDRESS 1933 NATCHEZ TRACE BLVD.
CITY-ST-ZIP ORLANDO FL 32818

TITLE S/TR ☐ Delete
NAME LUBIN, DIONNE
STREET ADDRESS 1512 HEIRLOOM DRIVE
CITY-ST-ZIP ORLANDO FL 32818

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Lubin Dionne S/TR. ☐ Change ☐ Addition
NAME 4950 Bottle Bush Lane / New
STREET ADDRESS APT 207 Orlando Fl. 32808 address
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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 exemptions contained in Section 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:

Pastor Carol L. Clarke P. 4/4/06 407-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone # 201-5715