


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90101 028 ****70.00

DOCUMENT # N04000010282	
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
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/06)

4. FEI Number 20-1927267	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P CLARKE, CAROL L 4950 BOTTLE BUSH LANE ORLANDO FL 32808 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	P CAROL L. CLARKE 1933 NATCHEZ TRACE BLVD ORLANDO FL 32818 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP CLARKE, LESLEY G 1933 NATCHEZ TRACE BLVD. ORLANDO FL 32818 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S/TR LUBIN, DIONNE 1512 HEIRLOOM DRIVE ORLANDO FL 32818 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* **CAROL LEONIE CLARKE**

ATTACHMENT
H0047623

#N04000016282

Hebron Faith Ministries Inc

20-1927267

FOR some Reason my Address
was listed AS 4950 Bottle Bush
CANE ORLANDO FL. 32808. This is
Incorrect.

This is the Address that should
be on the 2007 Annual Report
Document.

*CAROL L. CLARKE^P
1933 Natchez TRACE Blvd.
ORLANDO FL. 32818.

Thank you for
making the above correction.

Sincerely

Pastor Carol L. Clarke

PASTOR. CAROL L. CLARKE