Attachment 1 of 2

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N04000010282

1. Entity Name

HEBRON FAITH MINISTRIES, INC.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAY 22 PM 2:42

1st MOORE CR2E037 (10/07)

Principal Place of Business	Mailing Address
1933 NATCHEZ TRACE BLVD. ORLANDO FL 32818 US	P.O. BOX 682818 ORLANDO FL 32868 US

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

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	7. Name and Address of New Registered Agent
CLARKE, CAROL L 1933 NATCHEZ TRACE BLVD. ORLANDO FL 32818	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.

200156304842
05/22/09--01009--011 **70.00

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, 2009

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P ☐ Delete	TITLE	MISSION ADVISOR ☐ Change ☑ Addition
NAME	CLARKE, CAROL L	NAME	LESLIE L. CLARKE (MOSES)
STREET ADDRESS	1933 NATCHEZ TRACE BLVD	STREET ADDRESS	15,300 W. Colonial DR. APT 1007
CITY-ST-ZIP	ORLANDO FL 32818	CITY-ST-ZIP	Winter GARDEN FL. 34784
TITLE	VP ☐ Delete	TITLE	Secretary / Treasurer ☐ Change ☑ Addition
NAME	CLARKE, LESLEY G	NAME	CAROL L. CLARKE
STREET ADDRESS	1933 NATCHEZ TRACE BLVD.	STREET ADDRESS	1933 Natchez TRACE BLVD
CITY-ST-ZIP	ORLANDO FL 32818	CITY-ST-ZIP	ORLANDO FL. 32818
TITLE	S/TR ☑ Delete	TITLE	☐ Change ☐ Addition
NAME	LUBIN, DIONNE	NAME	
STREET ADDRESS	1512 HEIRLOOM DRIVE	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32818	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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.

KS

SIGNATURE: Carol L. Clarke 4/29/09

1 To whom This may Concern.

CAROL L. CLARKE will assume the Responsibility of Secretary/Treasurer in additional to her duties of President.

Thank you

Sincerely yours.

Carol L. Clarke
Pastor.
President / Secretary / Treas

407- 656-9185

2, LESLIE L. CLARKE (MOSES) is named MISSION ADVISOR.
15, 300 W. Colonial Drive Apt. 1007
Winter Garden FL, 34784.