

Attachment 1 of 2

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

DOCUMENT # N04000010282

1. Entity Name

HEBRON FAITH MINISTRIES, INC.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAY 22 PM 2:42

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 - 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

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.

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: FEES \$61.25
Due By May 1, 20099. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake 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	MISSION ADVISOR	☐ Change ☒ Addition
NAME	LESLIE L. CLARKE (MOSES)	
STREET ADDRESS	15300 W. COLONIAL DR. APT 1007	
CITY-ST-ZIP	WINTER GARDEN FL. 34784	
TITLE	Secretary/Treasurer	☐ Change ☒ Addition
NAME	CAROL L. CLARKE	
STREET ADDRESS	1933 Natchez TRACE BLVD	
CITY-ST-ZIP	ORLANDO FL. 32818	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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.

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 addition to her duties of President.

Thank you
Sincerely yours.

Carol L. Clarke
Pastor.
President / Secretary / Treasurer
407-656-9185

2, LESUE L. CLARKE (MOSES)
is named MISSION ADVISOR.
15, 300 W. COLONIAL DRIVE Apt. 1007
Winter Garden FL, 34784.