

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90080 032 ****61.25

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1. Entity Name
HAPPY FAMILY BIBLE SEMINARS INTERNATIONAL, INC.



Principal Place of Business
**1582 MADISON IVY CIRCLE
APOPKA, FL 32712**

Mailing Address
**1582 MADISON IVY CIRCLE
APOPKA, FL 32712**



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

04092008 Chg-NP CR2E037 (12/06)

4. FEI Number
20-3867582

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

**MARTINBOROUGH, GORDON O
1582 MADISON IVY CIRCLE
APOPKA, FL 32712**

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

**Filing Fee is \$61.25
Due by May 1, 2008**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MARTINBOROUGH, WAVENEY V
1582 MADISON IVY CIRCLE
APOPKA, FL 32712** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
Dr Noel Braithwaite
452 Lake Bridget Lane #415
Apopka, FL 32703** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GORDON, OSWALD
1026 SWEET TREE CT
APOPKA, FL 32712** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
Joan DeGannes
575 Bloomington Ct #16
Altamonte Springs, FL 32714** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HAM-YING, DESIREE
636 CIMAROSA COURT
OCOE, FL 34761** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
Mark Stoddart
625 Plumwood Dr
Altamonte Springs, FL 32714** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HOWELL, CYNTHIA
13224 FOUNTAIN BLEAU DRIVE
CLERMONT, FL 34711** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
THOMSON, ROLAND
1231 GREEN VALLEY COURT
APOPKA, FL 32703** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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:

GO MARTINBOROUGH
GO MARTINBOROUGH

April 15, 2008
April 15, 2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #