

2000 UNIFORM BUSINESS REPORT (UBR)

FILED  
Mar 07, 2000 8:00 am  
Secretary of State  
03-07-2000 90070 005 \*\*\*\*70.00

DOCUMENT # N17083  
Entity Name  
HOLY BIBLE MISSION CHURCH, INC.

Principal Place of Business      Mailing Address  
1929 WESTFALL DRIVE  
ORLANDO FL 32817-4235

0004894b



DO NOT WRITE IN THIS SPACE

Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
City & State      City & State  
Zip      Country      Zip      Country

4. FEI Number      Applied For  
59-2794534      Not Applicable  
5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
SIMS, DAVID A.  
605 E.ROBINSON ST.,#500  
ORLANDO FL 32802

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.

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      9. Election Campaign Financing Trust Fund Contribution.      \$5.00 May Be Added to Fees      Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	NAME	STREET ADDRESS CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS CITY-ST-ZIP
	D BRUGONONE, LEROY	1928 PROCTOR DR. ORLANDO FL			
	VD GALLOWAY, BEATRICE	5317 MAURI LAND ORLANDO FL 32807			
	D BRUGONONE, LEROY JR.	2725 TANNERY CT. ORLANDO FL			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:      LEROY BRUGONONE      3/2/2000      407-277-9497  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/99)