


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N17083</b> 1. Entity Name HOLY BIBLE MISSION CHURCH, INC.	
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Principal Place of Business 1928 PROCTOR AVE ORLANDO, FL 32817	Mailing Address 1928 PROCTOR AVE ORLANDO, FL 32817
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**DO NOT WRITE IN THIS SPACE**



04112007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2794534	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SIMS, DAVID A.  
605 E.ROBINSON ST.,#500  
ORLANDO, FL 32802

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUGONONE, LEROY 1928 PROCTOR DR. ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRUGONONE, FAWN 1928 PROCTOR AVE. ORLANDO, FL 32817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUGONONE, LEROY JR. 2725 TANNERY CT. ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000712425  
04/26/07-80047-007 70.00

**DO NOT WRITE  
IN THIS SPACE**

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:** LEROY BRUGONONE **4/14/07** **407-277-4497**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**LEROY BRUGONONE**