2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N22615

1. Entity Name
HOBE SOUND BIBLE CHURCH, INC.

Principal Place of Business	Mailing Address
11295 SE GOMEZ P.O. BOX 1065 HOBE SOUND, FL 33475	11295 SE GOMEZ P.O. BOX 1065 HOBE SOUND, FL 33475

DO NOT WRITE IN THIS SPACE

02252006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2772823
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PIERPOINT, PAUL
8805 SE ALABAMA PL
HOBE SOUND, FL 33455

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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)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PIERPOINT, PAUL
STREET ADDRESS	8805 SE ALABAMA PL
CITY-ST-ZIP	HOBE SOUND, FL
TITLE	VP
NAME	FINNEY, BRUCE
STREET ADDRESS	11472 SE ELLA AVE
CITY-ST-ZIP	HOBE SOUND, FL 33455
TITLE	SD
NAME	JONES, JOHN
STREET ADDRESS	P.O. BOX 11305 SE GOMEZ AVE
CITY-ST-ZIP	HOBE SOUND, FL
TITLE	T
NAME	BUDENSIEK, JOHN M SR.
STREET ADDRESS	8967 SE PINE CONE LN
CITY-ST-ZIP	HOBE SOUND, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/10/06-80067-021 61.25

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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: John Budensiek John Budensiek, Treasurer 2/28/06 772-546-5696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #