

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22615

FILED
Mar 20, 2009
Secretary of State

Entity Name: HOBE SOUND BIBLE CHURCH, INC.

Current Principal Place of Business:

11295 SE GOMEZ
HOBE SOUND, FL 33455

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1065
HOBE SOUND, FL 33475

New Mailing Address:

FEI Number: 59-2772823

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOLFE, PAUL
11295 SE GOMEZ AVE.
HOBE SOUND, FL 33455 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WOLFE, PAUL
Address: 11295 SE GOMEZ AVE
City-St-Zip: HOBE SOUND, FL 33455

Title: VP () Delete
Name: FINNEY, BRUCE
Address: 11472 SE ELLA AVE
City-St-Zip: HOBE SOUND, FL 33455

Title: SD () Delete
Name: JONES, JOHN
Address: P.O. BOX 11305 SE GOMEZ AVE
City-St-Zip: HOBE SOUND, FL

Title: T () Delete
Name: BUDENSIEK, JOHN M SR.
Address: 8967 SE PINE CONE LN
City-St-Zip: HOBE SOUND, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: MARTIN, HAROLD
Address: 7621 SE DOVE STREET
City-St-Zip: HOBE SOUND, FL 33455

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN M. BUDENSIEK SR.

T

03/20/2009

Electronic Signature of Signing Officer or Director

Date