FOR PROFIT CORPORATION ANNUAL REPORT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/19/07--01013--008 **61.25

11-21-07

CR2E034B (5/07)

DOCUMENT # N 32823

1. Entity Name
The Holy Land Experience Ministries, Inc.

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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4655 Vineland Road	4655 Vineland Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, FL	City & State: Orlando, FL
Zip: 32811 Country: U.S.	Zip: 32811 Country: U.S.

4. FEI Number: 592 976 410 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Dorothy Casoria

Street Address (P.O. Box Number is Not Acceptable): 4655 Vineland Road

City: Orlando FL Zip Code: 32811

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: Dorothy B. Casoria DOROTHY B. CASORIA, GEN. MGR. 11-06-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended AR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	Paul F. Crouch
STREET ADDRESS	4655 Vineland Road
CITY-ST-ZIP	Orlando, FL 32811
TITLE	DP
NAME	Paul F. Crouch, Jr.
STREET ADDRESS	4655 Vineland Road
CITY-ST-ZIP	Orlando, FL 32811
TITLE	DST
NAME	Janice W. Crouch
STREET ADDRESS	4655 Vineland Road
CITY-ST-ZIP	Orlando, FL 32811
TITLE	DAS
NAME	Matthew W. Crouch
STREET ADDRESS	4655 Vineland Road
CITY-ST-ZIP	Orlando, FL 32811
TITLE	AS
NAME	John B. Casoria
STREET ADDRESS	4655 Vineland Road
CITY-ST-ZIP	Orlando, FL 32811
TITLE	AS
NAME	Terrence Hickey
STREET ADDRESS	4655 Vineland Road
CITY-ST-ZIP	Orlando, FL 32811

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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: T.B. Casoria Assistant Secretary 11/9/07 714-665-2102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #