

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32823

FILED
Feb 22, 2008
Secretary of State

Entity Name: THE HOLY LAND EXPERIENCE MINISTRIES, INC.

Current Principal Place of Business:

4655 VINELAND ROAD
ORLANDO, FL 32811 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 690909
ORLANDO, FL 32869 US

New Mailing Address:

FEI Number: 59-2976410

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LASORIA, DOROTHY
4655 VINELAND ROAD
ORLANDO, FL 32811 US

Name and Address of New Registered Agent:

CASORIA, DOROTHY
4655 VINELAND ROAD
ORLANDO, FL 32811 US

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: DOROTHY CASORIA

02/22/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: CROUCH, PAUL F
Address: 4655 VINELAND ROAD
City-St-Zip: ORLANDO, FL 32811

Title: DP () Delete
Name: CROUCH, PAUL F JR.
Address: 4655 VINELAND ROAD
City-St-Zip: ORLANDO, FL 32811

Title: DST () Delete
Name: CROUCH, JANICE W
Address: 4655 VINELAND ROAD
City-St-Zip: ORLANDO, FL 32811

Title: DAS () Delete
Name: CROUCH, MATTHEW W
Address: 4655 VINELAND ROAD
City-St-Zip: ORLANDO, FL 32811

Title: AS () Delete
Name: HICKEY, TERRENCE
Address: 4655 VINELAND ROAD
City-St-Zip: ORLANDO, FL 32811

Title: AS () Delete
Name: CASORIA, JOHN B
Address: 4655 VINELAND ROAD
City-St-Zip: ORLANDO, FL 32811

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DST (X) Change () Addition
Name: CROUCH, PAUL F JR.
Address: 4655 VINELAND ROAD
City-St-Zip: ORLANDO, FL 32811

Title: DP (X) Change () Addition
Name: CROUCH, JANICE W
Address: 4655 VINELAND ROAD
City-St-Zip: ORLANDO, FL 32811

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

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 B. CASORIA

AS

02/22/2008

Electronic Signature of Signing Officer or Director

Date