2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT, (AR)

Feb 07, 2008 8:00 am DOCUMENT # N97000000241 **Secretary of State** 1. Entity Name 02-07-2008 90025 011 ****70.00 HOLY BIBLE CHURCH, INC. Principal Place of Business Mailing Address 7930 E SOUTHLAKE DR FLORAL CITY FL 34436 7323 W LACEY LANE HOMOSASSA FL 34448 Mailing Address 323.h Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) 4. FEI Number Applied For City & State 59-3416910 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent Name TAYLOR, MARCEDAS Street Address (P.O. Box Number is Not Acceptable) 7323 W LACEY LANE HOMOSASSA FL 34448 Zip Code 8. The above named entity submitts 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 Signature, typed or printed carrie of registered agent and the if supricable (NOTE: Registered Again Lightanue required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State 44414 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE Change TITLE ☐ Delete Addition TAYLOR, ERNEST J NAME NAME 7224 52ND AVENOE SOUTH STREET ADDRESS STREET ADDRESS **TAMPA FL 33619** CITY-ST-ZIP CITY-ST-ZIP SD TITLE ☐ Delate Change ☐ Addition TITLE TAYLOR, MARCEDAS NAME NAME 7224 52ND AVENOE SOUTH STREET ADDRESS STREET ADDRESS **TAMPA FL 33619** CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE Addition FLINSPAEH, JOSEPH NAME NAME 7224 52ND AVENOE SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33619** CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change TIFLE ☐ Delete TITLE □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change THILE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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: Muchas Jaylor - MARCEDAS TAYLOR - 2-1-08 - 8/3-245-4365

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information