

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701398

Entity Name: HOBE SOUND BIBLE COLLEGE INC.**Current Principal Place of Business:**11298 SE GOMEZ AVE
HOBE SOUND, FL 33455**Current Mailing Address:**P. O. BOX 1065
HOBE SOUND, FL 33475**FEI Number: 59-1407629****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STETLER, P. DANIEL
8858 SE KINGSLEY ST
HOBE SOUND, FL 33455 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	T
Name	GAGNON, GRACE L
Address	PO BOX 1065
City-State-Zip:	HOBE SOUND FL 33455

Title	VD
Name	MARTIN, HAROLD
Address	7621 SE DOVE ST
City-State-Zip:	HOBE SOUND FL 33455

Title	D
Name	BAKER, CHARLES
Address	4646 PLINEY FARLOW RD
City-State-Zip:	TRINITY NC 27370

Title	P
Name	STETLER, P. DANIEL
Address	8858 SE KINGSLEY ST
City-State-Zip:	HOBE SOUND FL 33455

Title	D
Name	KNAPP, WESLEY
Address	111 CENTER ST
City-State-Zip:	MIDDLEBURG PA 17842

Title	CD
Name	KAUFMAN, PAUL
Address	984 CHARLIE COOPER ROAD
City-State-Zip:	SILER CITY NC 27344

Title	SD
Name	STRATTON, DALE
Address	315 EAST 13TH STREET
City-State-Zip:	OTTAWA KS 66067

I hereby 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 all other like empowered.

SIGNATURE: GRACE L. GAGNON**BOOKKEEPER****02/26/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date