2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2019
Secretary of State
1594852639CC

DOCUMENT# N04000010282

Entity Name: HEBRON FAITH MINISTRIES, INC.

Current Principal Place of Business:

1933 NATCHEZ TRACE BLVD
ORLANDO, FL 32818

Current Mailing Address:

P.O. BOX 783691
15155 W.COLONIAL DRIVE WINTER GARDEN, FLORIDA
ORLANDO, FL 32868 US

FEI Number: 20-1927267

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CLARKE, CAROL L
1933 NATCHEZ TRACE BLVD
ORLANDO, FL 32818 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	P
Name	CLARKE, CAROL L
Address	1933 NATCHEZ TRACE BLVD
City-State-Zip:	ORLANDO FL 32818

Title	MA
Name	CLARKE (MOSES), LESLIE L
Address	15,300 W. COLONIAL DR, APT. 705
City-State-Zip:	WINTER GARDEN FL 34784

Title	ASST. SECRETARY
Name	CLARKE, CRYSTAL M
Address	15300 W COLONIAL DRIVE APT 705
City-State-Zip:	WINTER GARDEN FL 34787

Title	VP
Name	CLARKE, LESLEY G
Address	1933 NATCHEZ TRACE BLVD.
City-State-Zip:	ORLANDO FL 32818

Title	ST
Name	CLARKE, CAROL L
Address	1933 NATCHEZ TRACE BLVD.
City-State-Zip:	ORLANDO FL 32818

Title	PRESIDENT
Name	CLARKE, CAROL LEONIE
Address	P.O. BOX 783691 15300 W COLONIAL DR #705 WINTER GARDEN, FLORIDA
City-State-Zip:	ORLANDO FL 32868

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: CAROL LEONIE CLARKE — 04/05/2019

Electronic Signature of Signing Officer/Director Detail — Date