2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2018
Secretary of State
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Entity Name: THE HOLY LAND EXPERIENCE MINISTRIES, INC.

Current Principal Place of Business:

4655 VINELAND ROAD
ORLANDO, FL 32811

Current Mailing Address:

4655 VINELAND ROAD
ORLANDO, FL 32811 US

FEI Number: 59-2976410

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EVERETT, MICHAEL
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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DIRECTOR, PRESIDENT
Name	CROUCH, MATTHEW W
Address	4655 VINELAND ROAD
City-State-Zip:	ORLANDO FL 32811

Title	DIRECTOR, VP
Name	MAY, COLBY M
Address	4655 VINELAND ROAD
City-State-Zip:	ORLANDO FL 32811

Title	SECRETARY
Name	TUCCILLO, MARGARET C
Address	4655 VINELAND ROAD
City-State-Zip:	ORLANDO FL 32811

Title	ASST. SECRETARY
Name	MILLER, BEN
Address	4655 VINELAND ROAD
City-State-Zip:	ORLANDO FL 32811

Title	DIRECTOR, VP
Name	CROUCH, LAURIE
Address	4655 VINELAND ROAD
City-State-Zip:	ORLANDO FL 32811

Title	TREASURER
Name	MITTAN, JAMES A
Address	4655 VINELAND ROAD
City-State-Zip:	ORLANDO FL 32811

Title	ASST. SECRETARY
Name	FOPMA, BOB
Address	4655 VINELAND ROAD
City-State-Zip:	ORLANDO FL 32811

Title	ASST. SECRETARY
Name	EVERETT, MICHAEL
Address	4655 VINELAND ROAD
City-State-Zip:	ORLANDO FL 32811

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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: JAMES MITTAN TREASURER 03/06/2018

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	ASST. SECRETARY
Name	CASORIA, JOHN B
Address	4655 VINELAND ROAD
City-State-Zip:	ORLANDO FL 32811

Title	ASST. SECRETARY
Name	CROUCH, CODY
Address	4655 VINELAND ROAD
City-State-Zip:	ORLANDO FL 32811

Title	ASST. SECRETARY
Name	CROUCH, CAYLAN
Address	4655 VINELAND ROAD
City-State-Zip:	ORLANDO FL 32811