## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 717510

(2)

HEAVENLY HEIGHTS BAPTIST CHURCH, INC.

| Principal Plac  | o of Business  | Maille Address              |                            |  |  |  |                         |
|---|--|-----------------------------|----------------------------|--|--|--|-------------------------|
| Principal Place of Business Mailing Address                         |  |                             |                            |  |  |  |                         |
| 6680 DUNN AVENUE 6680 DUNN AV<br>JACKSONVILLE FL 32218 JACKSONVILLE |  |                             | Avenue<br>Le FL 32218-4354 |  |  |  |                         |
|   |  |                             |                            |  | 3. Date incorporated or Qualified 11/06/1969   | 3a. Date of Last Re<br>01/29/1996                | port                    |
| <b>⊢</b> ·  | lace of Business   | 2a. Mailing Address         |                            |  | 4. FEI Number  | Apr  | olied For               |
| 21  | Al1_   | 26                          |                            | <del>-                                    </del> | 59-1378573   |  | Applicable              |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.         |                            | 5. Certificate of Status Desired                 | \$8.75 Additional Fee Required   |  |                         |
| City & State  |  | City & State                |                            | 6. Election Campaign Financing                   | \$5.00 A   | vlay Be  |                         |
| Zip Country   |  | 28                          |                            | Trust Fund Contribution Added to Fees            |  |  |                         |
| <b>⊢</b> '  | Country  | Zip                         | Country                    |  | 8. This corporation has tiability for intengible tax under s. 199.032, Florida Statutes Yes No |  |                         |
| 24  | 25  <br>9. Name and Address of Currer  | 29 29 Agent                 | 30                         |  | Florida Statutes Yes No  10. Name and Address of New Registered Agent                          |  |                         |
| g, name and resides of culture registered Agent                     |  |                             |                            | Name   | IV. Hallo and Addiese of Her He  | Bierelan Water                                   |                         |
| מברע פו   | MIEV   |                             |                            |  |  |  |                         |
|   | X-1536 RATLIFF RB.   |                             | 82                         | Street Address                                   | iss (P.O. Box Number is Not Acceptate  | (e)  |                         |
| CALLAHA   | N FL 32011   |                             | 83                         |  | •  |  |                         |
|   |  |                             | 84                         | City   |  | FL 85 Zip Ci                                     |                         |
| l office or r   | to the provisions of Sections 617.050<br>egistered agent, or both, in the State<br>m familiar with, and accept the oblig | of Florida. Such change was | authorized by              | the corporation                                  | oration submits this statement for the pon's board of directors. I hereby accept               | ourpose of changing its of the appointment as re | registered<br>egistered |
| SIGNATURE   | -  |                             |                            |  |  |  | ]                       |
|   | Signature, typed or printed name of registered age   |                             | TE: Registered Age         | nt signature require                             |  | DATE   |                         |
| 12.   |  | D DIRECTORS                 | 13.                        |  | ADDITIONS/CHANGES TO OFFIC   |  |                         |
| TITLE   | SD   | DELETE                      | 1.1 TITLE                  | 5)   | DARK L. CHESS  | Change   | Addition                |
| NAME  | BENNETT, D.A.  |                             | 1.2 NAME                   | W  | AFR L. CHESS   | - <b>-</b>                                       |                         |
| STREET ADDRESS  | RT. 1,BOX 1099   |                             | 1.3 STREET                 | ADDRESS 73                                       | 109 sychmore =   | , ,,   |                         |
| CITY-ST-ZIP   | BRYCEVILLE FL  |                             | 1.4 CITY-S1                | -ZIP Ja  | 109 SYCAMORE S<br>ICKSONVILLE, FL.   | 32219  |                         |
| TITLE   | V DELETE   |                             | 2.1 TITLE                  |  | •  | ☐ Change   | Addition                |
| NAME  | MURPHY, WILLIAM, H   |                             | 2.2 NAME                   |  |  |  |                         |
| STREET ADDRESS  | RT. 3, BOX 1474  |                             | 2.3 STREET ADDRESS         |  |  |  |                         |
| EITY-ST-ZIP   | CALLAHAN FL  |                             | 2.4 CITY-S                 | T-ZIP  |  |  |                         |
| TITLE   |  |                             | 3.1 TITLE                  |  |  | ☐ Change   | Addition                |
| NAME  | BENNETT, G.  |                             | 3.2 NAME                   |  |  |  |                         |
| STREET ADDRESS  | 10357 PLUMMER ROAD   |                             | 3.3 STREET                 | ADDRESS  |  |  |                         |
| CITY-ST-ZIP   | JACKSONVILLE, FL 00000   |                             | 3.4. CITY - S              | T-ZIP  | ····   |  |                         |
| TITLE   | PD   | ☐ DELETE                    | 4.1 TITLE                  |  |  | ( Change   | ☐ Addition              |
| NAME  | BECK, S.E.   |                             | 4. 2 NAME                  |  | 2 4 0 D :  | 0.1  |                         |
| STREET ADDRESS  | <del>PIT: 0 BOX 1530</del>   |                             | 4.3 STREET                 | ADDRESS   3                                      | 272 RATZIFF,   | Kd.  |                         |
| CITY - ST - ZIP   | CALLAHAN FL  | T pri Fte                   | 4.4 C/TY-S1                | -ZIP   |  |  | <del></del>             |
| TITLE   | VD   | ☐ DELETE                    | 51 TITLE                   |  |  | ☐ Change   | Addition                |
| NAME  | PATTERSON, J D   |                             | 5.2 NAME                   |  |  |  |                         |
| STREET ADDRESS  | 3381 SUNNYBROOK AVE. S.  |                             | 5.3 STREET                 |  |  |  | İ                       |
| CITY-ST-ZIP   | JACKSONVILLE, FL 00000   | ☐ DELETE                    | 5.4 CITY-ST                | - 719  |  | T Access   | TT 4.1 90               |
| TITLE   | TD DODESTE D.C.  | T DETELE                    | 6.1 TITLE                  |  |  | Change   | Addition                |
| NAME  | ROBERTS, D.C.  |                             | 6.2 NAME                   | Ì  |  |  |                         |
| STREET ADDRESS  | 2725 LEONID ROAD   |                             | 6.3 STREET                 | ADDRESS  |  |  |                         |

SIGNATURE: Sing & Buch - 51 dwey E. BECK 1/22/98

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 12 if changed, or on an attachment with an address.

19\$ 904.764.567

**FILED** 

Feb 03 1997 8:00am

Secretary of State

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