2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008
Secretary of State

DOCUMENT# 734513

Entity Name: HERITAGE CHAPEL INC.

Current Principal Place of Business:

3375 GARCON PT RD
MILTON, FL 32583 US

New Principal Place of Business:

Current Mailing Address:

6630 CAROLINE ST.
MILTON, FL 325704780 US

New Mailing Address:

6630 CAROLINE ST.
MILTON, FL 32570 US

FEI Number: 59-6586646 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CULPEPPER, KATIE G PRES
6630 CAROLINE STREET
MILTON, FL 32570 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	TDS	( ) Delete
Name:	TURNER, LISA C MS	
Address:	2863 ROBINSON POINT ROAD	
City-St-Zip:	MILTON, FL 32583 US	
Title:	D	( ) Delete
Name:	GOLDEN, JEWELL W MS	
Address:	6630 CAROLINE STREET	
City-St-Zip:	MILTON, FL 32570 US	
Title:	VD	( ) Delete
Name:	CULPEPPER, DW MR	
Address:	6900 GOLDEN RANCH ROAD	
City-St-Zip:	MILTON, FL 32583 US	
Title:	PD	( ) Delete
Name:	CULPEPPER, KATIE G MS	
Address:	6900 GOLDEN RANCH ROAD	
City-St-Zip:	MILTON, FL 32583 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KATIE CULPEPPER PD 04/21/2008

Electronic Signature of Signing Officer or Director — Date