

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 23 PM 3:26

**DOCUMENT # 751128 (0)**

1. Corporation Name

**THE CHRISTIAN HERITAGE CHURCH, INC.**

Principal Place of Business

Mailing Address

150 SPIRIT LAKE ROAD  
WINTER HAVEN FL 33880

P.O. BOX 7114  
WINTER HAVEN FL 33880  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>02/20/1980</b>	3a. Date of Last Report <b>02/25/1994</b>
4. FEI Number <b>05-0123400</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$0.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address		
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22	27		
City & State	City & State		
23	28		
Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent

**FOSTER, GEORGE M**  
**1918 RIFLE RANGE RD**  
**WAHNETA FL 33880**

10. Name and Address of New Registered Agent

81 Name **Luther C Owens**

82 Street Address (P.O. Box Number is Not Acceptable)  
**527 FL AVE # 2**

83

84 City **HAINES CITY** FL 85 Zip Code **33844**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Luther C Owens* **LUTHER C OWENS** 2-18-95  
Signature, typed or printed name of registered agent, and title of registration (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>T</b>
NAME	<b>COGGINS, LILLIAN</b>
STREET ADDRESS	<b>2219 AVE B, SW</b>
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>
TITLE	<b>D</b>
NAME	<b>ADDISON, CLARACE</b>
STREET ADDRESS	<b>408 KENT AVE</b>
CITY-ST-ZIP	<b>AUBURDALE FL</b>
TITLE	<b>S</b>
NAME	<b>FOSTER, GEORGE M</b>
STREET ADDRESS	<b>1918 RIFLE RANGE RD</b>
CITY-ST-ZIP	<b>WAHNETA FL</b>
TITLE	<b>D</b>
NAME	<b>REEVES, BONNIE</b>
STREET ADDRESS	<b>214 E POLK</b>
CITY-ST-ZIP	<b>AUBURDALE FL</b>
TITLE	<b>DC</b>
NAME	<b>COGGINS, AMOS</b>
STREET ADDRESS	<b>2219 AVE B, SW</b>
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>Treasurer</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	<b>721 Crestwood Dr. N.W. Winter Haven</b>
13 STREET ADDRESS	<b>FLA 33881</b>
14 CITY-ST-ZIP	<b>33881</b>
21 TITLE	<b>Clerk</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	<b>615 Top Hunter Way</b>
23 STREET ADDRESS	<b>Lake Park Red Fla</b>
24 CITY-ST-ZIP	<b>33450</b>
31 TITLE	<b>Asst. Treasurer</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	<b>4109 Reynolds Dr. SW</b>
33 STREET ADDRESS	<b>Winter Haven, Fla. 33880</b>
34 CITY-ST-ZIP	<b>33880</b>
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	<b>LUTHER OWENS</b>
43 STREET ADDRESS	<b>P.O. 527 FL AVE # 2</b>
44 CITY-ST-ZIP	<b>HAINES CITY FL 33844</b>
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	<b>George Foster</b>
53 STREET ADDRESS	<b>1918 Rifle Range Ad.</b>
54 CITY-ST-ZIP	<b>Wahnetta, Fla 33880</b>
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and shown not equally for the exemption stated in Section 119.07(3)(b), 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 13 if changed, or on an attachment with an address.

SIGNATURE: *Luther C Owens* **LUTHER C OWENS** 2-18-95  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Type in Block 8)