

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 751128 (0)

1. Corporation Name
THE CHRISTIAN HERITAGE CHURCH, INC.



Principal Place of Business: 150 SPIRIT LAKE ROAD WINTER HAVEN FL 33880
Mailing Address: P.O. BOX 7114 WINTER HAVEN FL 33880 US

3. Date Incorporated or Qualified: 02/20/1980
3a. Date of Last Report: 02/23/1995
4. FEI Number: 05-0123400
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
**OWENS, LUTHER C
527 FL AVEN #2
HAINES CITY FL 33844**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Luther C Owens* DATE: 1-17-1996

12. OFFICERS AND DIRECTORS

TITILE	T	<input type="checkbox"/> DELETE
NAME	FOSTER, JR	
STREET ADDRESS	721 CRESTWOOD DR., W	
CITY - ST - ZIP	WINTER HAVEN FL	
TITILE	C	<input type="checkbox"/> DELETE
NAME	RENNOLS, SHELA H	
STREET ADDRESS	615 TOD HUNTER WAY	
CITY - ST - ZIP	LAKE ALFRED FL	
TITILE	AS	<input type="checkbox"/> DELETE
NAME	WARD, EARL L	
STREET ADDRESS	4609 REYNOSA DR. SW	
CITY - ST - ZIP	WINTER HAVEN FL	
TITILE	D	<input type="checkbox"/> DELETE
NAME	OWENS, LUTHER	
STREET ADDRESS	527 FL AVE., #2	
CITY - ST - ZIP	HAINES CITY FL	
TITILE	DC	<input type="checkbox"/> DELETE
NAME	FOSTER, GEORGE	
STREET ADDRESS	1918 RIFLE RANGE RD	
CITY - ST - ZIP	WAHNETA FL	
TITILE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	WOOD, LESTER	
13 STREET ADDRESS	721 CRESTWOOD DR., W	
14 CITY - ST - ZIP	WINTER HAVEN FL	
21 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	RUNNELS, SHEILAN	
23 STREET ADDRESS	615 TODHUNTER WAY	
24 CITY - ST - ZIP	LAKE ALFRED, FL	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	FOSTER, MICHAEL	
53 STREET ADDRESS	1918 RIFLE RANGE RD	
54 CITY - ST - ZIP	WAHNETA FL	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 does not qualify for the exemption stated in Section 119.07(3)(k), 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* DATE: 1-17-96 TELEPHONE: 941-422-6028

CR2E037 (12/95)