## FILE NOW: FILING FEE IS \$61.25

## Mar 10 1998 8:00am **NONPROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 1. Corporation Name 751128 (0)THE CHRISTIAN HERITAGE CHURCH, INC. Principal Place of Business Mailing Address 150 SPIRIT LAKE ROAD P.O. BOX 7114 3. Date Incorporated or Qualified WINTER HAVEN FL 33880 WINTER HAVEN FL 33880 02/20/1980 Applied For 05-0123400 Not Applicable 2. Principal Place of Business 2a. Malling Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes No 28 23 Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 30 24 25 10. Name and Address of New Registered Agent p. Name and Address of Current Registered Agent Name OWENS, LUTHER C 82 Street Address (P.O. Box Number is Not Acceptable) 527 FL AVEN #2 83 HAINES CITY FL 33844 84 City Zip Code 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 Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition 1.1 TITLE TITLE WOOD, LESTER 1.2 NAME Wood, Lester NAME 721 CRESTWOOD DR., W 1.3 STREET ADDRESS 4339 Shadow Wood Way, STREET ADORESS WINTER HAVEN FL CITY-ST-ZIP 1.4 CITY-ST-ZIP Winter Haven, FL 33880 Change TITLE DELETE 2.1 TITLE Addition NAME **RUNNELS. SHEILAN** 2.2 NAME STREET ADDRESS **615 TODHUNTER WAY** 2.3 STREET ADDRESS CITY-ST-ZIP LAKE ALFRED FL 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE WARD, EARL L NAME 3.2 NAME 4609 REYNOSA DR. SW STREET ADDRESS 3.3 STREET ADDRESS WINTER HAVEN FL 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ DELETÉ 1/ Change Addition TITLE A.1 TITLE NAME OWENS, LUTHER 4 2 NAME Owens, Luther 527 FL AVE., #2 4.3 STREET ADDRESS STREET ADDRESS 909 Hill Drive HAINES CITY FL 4.4 CITY-ST-ZIP CITY-ST-ZIP Haines City, FL 33844 Addition DELETE 5.1 TITLE FOSTER, MICHAEL NAME 5.2 NAME Hicks, Fred Jim 1918 RIFLE RANGE RD. STREET ADDRESS 5.3 STREET ADDRESS 413 Armour Avenue CITY-ST-ZIP WAHNETA FL 5.4 CITY-ST-ZIP Auburndale, FL 33823 DELETE ☐ Addition TITLE 61 TITLE 62 NAME NAME STREET ADDRESS **6.3 STREET ADORESS**

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14. I 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 13 if changed, or on an attachment with an address.

SIGNATURE:

TRUTHER OWENS 3-1-98

FILED