

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90144 008 ****61.25

0067792

DOCUMENT # 751128

1. Entity 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

2. Principal Place of Business

~~150 Spirit Lake Road~~
150 SPIRIT LAKE ROAD
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 7114
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

WINTER HAVEN FL

City & State

WINTER HAVEN FL

4. FEI Number

05-0123400

Applied For

Not Applicable

Zip

33880

Country

FL

Zip

33880

Country

FL

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OWENS, LUTHER C
909 HILL DRIVE
HAINES CITY FL 33844

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WOOD, LESTER	
STREET ADDRESS	4339 SHADOW WOOD WAY, SW	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	C	<input type="checkbox"/> Delete
NAME	DENSON, SHEILA	
STREET ADDRESS	3016 REITER DR	
CITY-ST-ZIP	AUBURNDALE FL 33823	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WARD, EARL L	
STREET ADDRESS	4609 REYNOSA DR. SW	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	TD	<input type="checkbox"/> Delete
NAME	OWENS, LUTHER	
STREET ADDRESS	909 HILL DRIVE	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE	D	<input type="checkbox"/> Delete
NAME	HICKS, FRED JIM	
STREET ADDRESS	413 ARMOUR AVE	
CITY-ST-ZIP	AUBURNDALE FL 33823	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Luther Owens C.* **LUTHER OWENS C.** **863 421-7177**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)