

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90030 033 \*\*\*\*61.25

**DOCUMENT # 751128**

1. Entity Name  
**THE CHRISTIAN HERITAGE CHURCH, INC.**

Principal Place of Business <b>150 SPIRIT LAKE ROAD WINTER HAVEN FL 33880</b>	Mailing Address <b>P.O. BOX 7114 WINTER HAVEN FL 33880 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>150 SPIRIT LAKE ROAD</b>	3. Mailing Address <b>P.O. Box 7114</b>
Suite, Apt. #, etc. <b>PO Box 7114</b>	Suite, Apt. #, etc.

City & State <b>WINTER HAVEN FL</b>	City & State <b>WINTER HAVEN FL</b>	4. FEI Number <b>05-0123400</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33880</b>	Country <b>POIK</b>	Zip <b>33880</b>	Country <b>POIK</b>

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: **Luther C Owens**

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: **Luther C Owens**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE:

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WOOD, LESTER</b> <b>4339 SHADOW WOOD WAY, SW</b> <b>WINTER HAVEN FL 33880</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>DENSON, SHEILA</b> <b>3046 REITER DR 929 Bonnie Dr</b> <b>AUBURNDALE FL 33823 Lakeland FL 33803</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>OWENS, LUTHER</b> <b>909 HILL DRIVE</b> <b>HAINES CITY FL 33844</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HICKS, FRED JIM</b> <b>413 ARMOUR AVE</b> <b>AUBURNDALE FL 33823</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Walter J. ...</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Sheila J Denson</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Luther Owens</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Fred Hicks</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 C Owens** **4-8-02 863-422 7212**

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/01)