

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90092 046 ****61.25

DOCUMENT # 751128
 1. Entity 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**

20020654



1st MOORE CR2E037 (10/04)

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State: _____
 Zip: _____ Country: _____

4. FEI Number: **05-0123400** Applied For: Not Applicable:
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
OWENS, LUTHER
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: _____ State: **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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

Make Check Payable to Florida 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	BARFIELD, JOANN	
STREET ADDRESS	902 CRESTVIEW DR	
CITY-ST-ZIP	AUBURNDALE FL 33823	
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	Asst. Treasure	<input type="checkbox"/> Delete
NAME	Kelly M. Barfield Sr.	
STREET ADDRESS	902 Crestview Dr.	
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
NAME		
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 Luther Owens 3-8-05 863-492 7212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #