


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90057 005 \*\*\*\*61.25

<b>DOCUMENT # 751128</b>					
1. Entity Name <b>THE CHRISTIAN HERITAGE CHURCH, INC.</b>					
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>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02142006 Chg-NP CR2E037 (11/05)	
Zip		Country		4. FEI Number <b>05-0123400</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
OWENS, LUTHER 909 HILL DRIVE HAINES CITY, FL 33844			Name <b>Kelly M. Barfield Sr.</b>		
			Street Address (P.O. Box Number is Not Acceptable) <b>902 Crestview Dr.</b>		
			City <b>Auburndale FL</b>		
			Zip Code <b>33823</b>		
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 <b>Kelly M. Barfield Sr.</b>		SIGNATURE <b>Kelly M. Barfield Sr.</b>		DATE <b>2-14-06</b>	
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WOOD, LESTER	NAME			
STREET ADDRESS	4339 SHADOW WOOD WAY, SW	STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN, FL 33880	CITY-ST-ZIP			
TITLE	C <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BARFIELD, JOANN	NAME			
STREET ADDRESS	902 CRESTVIEW DR	STREET ADDRESS			
CITY-ST-ZIP	AUBURNDALE, FL 33823	CITY-ST-ZIP			
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	OWENS, LUTHER	NAME	<b>T/O Kelly M. Barfield Sr</b>		
STREET ADDRESS	909 HILL DRIVE	STREET ADDRESS	<b>902 Crestview Dr.</b>		
CITY-ST-ZIP	HAINES CITY, FL 33844	CITY-ST-ZIP	<b>Auburndale FL 33823</b>		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HICKS, FRED JIM	NAME			
STREET ADDRESS	413 ARMOUR AVE	STREET ADDRESS			
CITY-ST-ZIP	AUBURNDALE, FL 33823	CITY-ST-ZIP			
TITLE	AT <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BARFIELD, KELLY M SR	NAME	<b>HAZEL Wimberly</b>		
STREET ADDRESS	902 CRESTVIEW DR	STREET ADDRESS	<b>110 3rd JPV St.</b>		
CITY-ST-ZIP	AUBURNDALE, FL 33823	CITY-ST-ZIP	<b>Winter Haven FL 33880</b>		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <b>Kelly M. Barfield Sr</b>		SIGNATURE <b>Kelly M. Barfield Sr.</b>		DATE <b>2-14-06</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # <b>cell 863-207-6230</b>	