


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90100 025 ****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			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 05-0123400	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BURFIELD, KELLY M SR 902 CRESTVIEW DR AUBURNDALE, FL 33823			Name BARFIELD		
Same			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 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	D	<input type="checkbox"/> Delete	TITLE	BARFIELD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURFIELD, KELLY M SR		NAME		
STREET ADDRESS	902 CRESTVIEW DR		STREET ADDRESS		
CITY-ST-ZIP	AUBURNDALE, FL 33823	SAME	CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Calvin Wimberly	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HICKS, FRED JIM		NAME		
STREET ADDRESS	413 ARMOUR AVE		STREET ADDRESS	110 3rd JPV Street	
CITY-ST-ZIP	AUBURNDALE, FL 33823		CITY-ST-ZIP	Winter Haven, FL 33880	
TITLE	AT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIMBERLY, HAZEL		NAME		
STREET ADDRESS	110 3RD JPV ST		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL 33880		CITY-ST-ZIP		
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: <i>Kelly M. Barfield Sr.</i>			Date: 1-15-07		Daytime Phone #: (863) 207 6230
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>