

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91451 011 ****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
150 SPIRIT LAKE ROAD

3. Mailing Address
PO-Box 7114

Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
WINTER HAVEN FL 33880

City & State
WINTER HAVEN FL

4. FEI Number **05-0123400**

Applied For
 Not Applicable

Zip
33880

Country
POIK

Zip
33880

Country
POIK

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. I am familiar with, and accept the obligations of registered agent.

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

FEE IS \$61.25

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	DENSON, SHEILA	
STREET ADDRESS	929 BONNIE DRIVE	
CITY-ST-ZIP	LAKELAND FL 33803	
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		
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** **REQUIRED LUTHER OWENS** **430-03 863.422-7214**

CR2E037 (10/02)