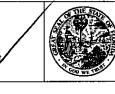
2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 751128

1. Entity Name

THE CHRISTIAN HERITAGE CHURCH, INC.



May 05, 2003 8:00 am Secretary of State 05-05-2003 91451 011 ****61.25

				SOO WE TH	7				
150 SPIRIT LAKE ROAD P.O. B		ng Address IOX 7114 R HAVEN FL 33880		:	 	1) 818 11 919 11 81811 811))		
2. Principal P	Place of Business	3. Ma	iling Address	4					
			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State City & State WINTEX HAVEN F/33880 WINTEX H					4. FEI Number 0	4. FEI Number 05-0123400 Applied For Not Applicable			
Zip 33 88 (K 338	80	Po I K	5. Certificate of S		\$8.75 Ad Fee Require		
	6. Name and Address	of Current Register	ed Agent		7. Name and Add	dress of New Register	red Agent		
OWENS, LUTHER C 909 HILL DRIVE					Name Street Address (P.O. Box Number is Not Acceptable)				
HAINES (CITY FL 33844			City			E ∎ Zip Cod	Δ	
				City			FL Zip Cod	0	
SIGNATURE .	Signature, typed or printed name of re			E: Registered Agent signature re	equired when reinstating) \$5.00 May Be		ate neck Payable	to	
	FIRE IN SE	1.25	Trust Fund C		Added to Fees		partment of		
10.	OFFICE	RS AND DIRECTORS		11.	ADDITIONS/CHANG	ES TO OFFICERS AND	D DIRECTORS IN	l 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wood, Lester 4339 Shadow Wood Winter Haven Fl 338	•	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET: ADDRESS - CITY - ST - ZIP	C DENSON, SHEILA 929 BONNIE DRIVE LAKELAND FL 33803	·	☐ Delete `	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OWENS, LUTHER 909 HILL DRIVE HIANES CITY FL 33844	ı	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HICKS, FRED JIM 413 ARMOUR AVE AUBURNDALE FL 3382		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	[] Addition	
40 1 1	-14 -1 -14 -1 -4								

) 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

430-03

863.422-72/1