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FILED

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment wi

SIGNATURE:

Apr 10, 2002 8:00 am Secretary of State DOCUMENT # NO100002315 1. Entity Name HERITAGE HOUSE MINISTRIES, INC. 04-10-2002 90467 040 ****61.25 Principal Place of Business Mailing Address 10500 SOUTH BEAR CREEK RD 10500 SOUTH BEAR CREEK RD PANAMA CITY FL 32404 PANAMA CITY FL 32404 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Numbe Applied For City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HATHAWAY, SANDY Street Address (P.O. Box Number is Not Acceptable) 10500 SOUTH BEAR CREEK RD PANAMA CITY FL 32404 City 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. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61,25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Ochrissy Hathaway 10500 S. Bear Creek Rd. Addition TITLE ☐ Delete TITLE ☐ Change HATHAWAY, ED NAME NAME 10500 SOUTH BEAR CREEK RD STREET ADDRESS STREET ADDRESS Panama City, FIA. 32404 PANAMA CITY FL 32404 CITY-ST-ZIP CITY-ST-ZIP O Jeff Wandasiewicz TITLE ☐ Delete TITLE HATHAWAY, SANDY 936 B Bob Little Rd. 10500 SOUTH BEAR CREEK RD STREET ADDRESS STREET ADDRESS PANAMA CITY FL 32404 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ddition TITLE ☐ Delete TITLE NAME NAME = STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F Christopher Woods NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE **★**ddition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITLE ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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