

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

FILED
CORPORATION DIVISION
JAN 13 1995

DOCUMENT # **N17966 (5)**
1. Corporation Name
HEARTLAND WORSHIP CENTER, INC.

Principal Place of Business / Mailing Address
P. O. BOX 421459
KISSIMMEE FL 34742-1459
2874 E. IRLD BRONSON
KISSIMMEE FL 34744
US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **11/25/1986**
3a. Date of Last Report: **01/21/1994**
4. FEI Number: **59-2720045**
Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business / Mailing Address
21 **2874 E. IRLD BRONSON** 26 **P.O. BOX 421459**
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 **KISSIMMEE, FL** 28 **KISSIMMEE**
24 **34744** 25 **OSCEOLA** 29 **FL 34742-1459**

9. Name and Address of Current Registered Agent
SMITH, GARY
2874 E. IRLD BRONSON HIGHWAY
KISSIMMEE FL 32742
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.
SIGNATURE: *Gary Smith* **GARY SMITH** 1/13/95
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, GARY	1.2 NAME	
STREET ADDRESS	2001 GRANADA BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JANIS	2.2 NAME	
STREET ADDRESS	2001 GRANADA BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHASE, PAUL	3.2 NAME	
STREET ADDRESS	92 ANGELES STREET, ALABONG HILLS	3.3 STREET ADDRESS	
CITY-ST-ZIP	MUNTINLUPA M.	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILES, HOUSTON	4.2 NAME	
STREET ADDRESS	200 EVANGEL ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	SPARTANBURG SC	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 67, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in a note to Block 12 with an asterisk.

SIGNATURE: *Gary Smith* **GARY SMITH** 1/13/95 407-807-9297
Signature and typed or printed name of signing officer or director