

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00528

Entity Name: HERITAGE ARTS CENTER ASSOCIATION, INC.**Current Principal Place of Business:**12700 GRAND TRAVERSE DR.
DADE CITY, FL 33525**Current Mailing Address:**P O BOX 1131
DADE CITY, FL 33526 US**FEI Number:** 59-2382961**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COTTON, JULIE
LYNCH, COTTON & ASSOCIATES, PA
14144 6TH STREET
DADE CITY, FL 33525 US*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:** JULIE COTTON

02/25/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	HILL, WILLIAM JOSEPH DR.
Address	12700 GRAND TRAVERSE DRIVE
City-State-Zip:	DADE CITY FL 33525

Title	TREASURER
Name	LAFAYETTE, LINDA J
Address	37415 MARTA AVENUE
City-State-Zip:	ZEPHYRHILLS FL 33542

Title	SECRETARY
Name	STEVENS, STEPHANIE
Address	P. O. BOX 7239
City-State-Zip:	WESLEY CHAPEL FL 33545

Title	VP
Name	FRIEDMAN, BARBARA
Address	11940 JUSTAMERE LANE
City-State-Zip:	DADE CITY FL 33525

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LINDA J. LAFAYETTE

TREASURER

02/25/2021

Electronic Signature of Signing Officer/Director Detail

Date