

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002315

Entity Name: HERITAGE HOUSE MINISTRIES, INC.**Current Principal Place of Business:**10500 SOUTH BEAR CREEK RD
PANAMA CITY, FL 32404**Current Mailing Address:**10500 SOUTH BEAR CREEK RD
PANAMA CITY, FL 32404**FEI Number: 31-1781712****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**HATHAWAY, SANDY
10500 SOUTH BEAR CREEK RD
PANAMA CITY, FL 32404 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	HATHAWAY, ED
Address	10500 SOUTH BEAR CREEK RD
City-State-Zip:	PANAMA CITY FL 32404

Title	V
Name	HATHAWAY, SANDY
Address	10500 SOUTH BEAR CREEK RD
City-State-Zip:	PANAMA CITY FL 32404

Title	D
Name	STEVENSON, CRISTINA E
Address	140 RECLAMATION DRIVE
City-State-Zip:	PANAMA CITY FL 32404

Title	D
Name	SAXON, SHANNA
Address	135 RECLAMATION LANE
City-State-Zip:	PANAMA CITY FL 32404

Title	D
Name	WOODS, CHRISTOPHER
Address	377 RECLAMATION LANE
City-State-Zip:	PANAMA CITY FL 32404

Title	D
Name	WOODS, HOPE
Address	377 RECLAMATION LANE
City-State-Zip:	PANAMA CITY FL 32404

Title	DIRECTOR
Name	SAXON, JONATHAN D
Address	135 RECLAMATION LANE
City-State-Zip:	PANAMA CITY FL 32404

Title	DIRECTOR
Name	STEVENSON, BENJAMIN S
Address	140 RECLAMATION DRIVE
City-State-Zip:	PANAMA CITY FL 32404

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: SANDY HATHAWAY**VP****03/31/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date