

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90066 028 ****70.00

0009594

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 719378

1. Corporation Name

HERITAGE BIBLE CHURCH, INC.

Principal Place of Business

**1004 CHESNUT AVENUE . BOX 4336
PANAMA CITY FL 32401**

Mailing Address

**1004 CHESNUT AVENUE . BOX 4336
PANAMA CITY FL 32401**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

09/23/1970

4. FEI Number

59-2590133

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

9. Name and Address of Current Registered Agent

**HAZARD, HENRY
1137 GRACE AVE.
PANAMA CITY FL 32401**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **C** ☒ DELETE
NAME **CAMPERMAN, JOHN**
STREET ADDRESS **1835 AIRPORT CIRCLE**
CITY-ST-ZIP **PANAMA CITY, FL 00000**

TITLE **P** ☐ DELETE
NAME **HAZARD, HENRY**
STREET ADDRESS **1137 GRACE AVE**
CITY-ST-ZIP **PANAMA CITY, FL 0**

TITLE **D** ☐ DELETE
NAME **SMITH, TOMMY**
STREET ADDRESS **6532 WAVERLY ST**
CITY-ST-ZIP **YOUNGSTOWN FL**

TITLE **D** ☐ DELETE
NAME **CROWE, KEN**
STREET ADDRESS **2362 FOXWORTH DR.**
CITY-ST-ZIP **PANAMA CITY FL**

TITLE **D** ☐ DELETE
NAME **BAREFIELD, MARGARET**
STREET ADDRESS **3920 PRINCESS LANE**
CITY-ST-ZIP **PANAMA CITY FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Mike Coyne
4418 Fletcher St.
Panama City, FL, 32405

☒ Change

☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. 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 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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Henry Hazard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/99 (850) 785-9897
Date Daytime Phone #

CR2E037 (11/98)