

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90103 003 ****61.25

DOCUMENT # 719378

1. Entity Name

HERITAGE BIBLE CHURCH, INC.

Principal Place of Business

**3380 STATE AVE
 PANAMA CITY FL 32401**

Mailing Address

**3380 STATE AVE
 PANAMA CITY FL 32401**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2590133

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

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

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COYNE, MIKE 4418 FLETCHER STREET PANAMA CITY FL 32405	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAZARD, HENRY 1137 GRACE AVE PANAMA CITY, FL 0	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, TOMMY 6532 WAVERLY ST YOUNGSTOWN FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CROWE, KEN 2362 FOXWORTH DR. PANAMA CITY FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOMPERMAN, JOHN CAMPERMAN 1835 AIRPORT CIR PANAMA CITY FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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

Jan. 18, 2001

850-785-9897

Date

Daytime Phone #

CR2E037 (10/00)