2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Jan 13, 2003 8:00 am Secretary of State **DOCUMENT # 719378** 1. Entity Name 01-13-2003 90819 042 ****61.25 HERITAGE BIBLE CHURCH, INC. Principal Place of Business Mailing Address 3380 STATE AVE 3380 STATE AVE PANAMA CITY FL 32401 PANAMA CITY FL 32401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-2590133 Applied For Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HAZARD, HENRY Street Address (P.O. Box Number is Not Acceptable) 1137 GRACE AVE. PANAMA CITY FL 3240 City Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Addition COYNE, MIKE NAME NAME STREET ADDRESS 4418 FLETCHER STREET STREET ADDRESS CITY-ST-ZIP Panama City FL 32405 CITY-ST-ZIP ☐ Delete TITLE Change Addition Hazard. Henry STREET ADDRESS 11137 GRACE AVE STREET ADDRESS CITY-ST-ZIP PANAMA CITY, FL 0 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME smith. Tommy STREET ADDRESS 16532 WAVERLY ST STREET ADDRESS CITY-ST-ZIP Youngstown Fl CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition Crowe, Ken NAME NAME 2362 FOXWORTH DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Panama City Fl CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition CAMPERMAN, JOHN NAME NAME 11835 AIRPORT CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Panama City Fl CITY-ST-7IP TITLE ☐ Delete TITLE ☐ 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)(1), 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

@ Holmes Jr Administrator 1/9/03

(10/02)CR2E037

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