2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# 721933

Entity Name: THE HERITAGE BAPTIST CHURCH OF PENSACOLA, INCORPORATED

Current Principal Place of Business:

2200 WEST MICHIGAN AVE.
PENSACOLA, FL 325262379 US

New Principal Place of Business:

Current Mailing Address:

2200 WEST MICHIGAN AVE.
PENSACOLA, FL 325262379 US

New Mailing Address:

FEI Number: 59-2470391 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHOFIELD, DONALD
8672 ROSEMONT DR
PENSACOLA, FL 32514 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WEEDEN, DANNY
Address: 2200 W MICHIGAN AVE.
City-St-Zip: PENSACOLA, FL

Title: CD ( ) Delete
Name: MANLEY, JERALD L,
Address: 2200 W MICHIGAN AVE
City-St-Zip: PENSACOLA, FL

Title: STD ( ) Delete
Name: KYLE, MARK,
Address: 2200 W MICHIGAN AVE
City-St-Zip: PENSACOLA, FL

Title: VD ( ) Delete
Name: WARD, RICHARD,
Address: 2200 W MICHIGAN AVE
City-St-Zip: PENSACOLA, FL

Title: D ( ) Delete
Name: CRUTCHFIELD, DON E
Address: 2200 W. MICHIGAN AVE
City-St-Zip: PENSACOLA, FL 32526

Title: PD ( ) Delete
Name: HALE, JAMES
Address: 2280 W. MICHIGAN AVE
City-St-Zip: PENSACOLA, FL 32526

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JODY WOLF CD 04/07/2009

Electronic Signature of Signing Officer or Director — Date