FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 [illegible] 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **735862** **(5)**

1. Corporation Name
HERITAGE BAPTIST CHURCH, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3065 HIGHWAY 297-A CANTONMENT FL 32533	3065 HIGHWAY 297-A CANTONMENT FL 32533

3. Date Incorporated or Qualified: **05/19/1976**
3a. Date of Last Report: **03/30/1994**
4. FEI Number: **59-1665976** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

HOGAN, REV. STEPHEN E
1325 KAYZAN ST.
PENSACOLA FL 32534

10. Name and Address of New Registered Agent

81 Name: Bob W. Brooks (Pastor)
82 Street Address (P.O. Box Number is Not Acceptable): 2513 Southern Oaks Drive
83
84 City: Cantonment, 85 FL Zip Code: 32533

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Bob W. Brooks — 4-28-95
(If changing Registered Agent, Registered Agent must sign) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	BARRINGTON, JOHN J.	12 NAME	
STREET ADDRESS	9650 BOWMAN AVE.	13 STREET ADDRESS	
CITY ST ZIP	PENSACOLA FL 32534	14 CITY ST ZIP	
TITLE	TD	21 TITLE	☐ Change ☐ Addition
NAME	HUDSON, ELAINE	22 NAME	
STREET ADDRESS	4001 CALICO DR.	23 STREET ADDRESS	
CITY ST ZIP	CANTONMENT FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	☒ Change ☐ Addition
NAME	KELLEY, JOHN	32 NAME	
STREET ADDRESS	P. O. BOX 362 N/A	33 STREET ADDRESS	34995 Magnolia Farms Road
CITY ST ZIP	GONZALEZ,FL.	34 CITY ST ZIP	Robertsdale, AL 36567
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET A	
CITY ST ZIP		44 CITY ST	
TITLE		51 TITLE	ge ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET	
CITY ST ZIP		54 CITY S	
TITLE		61 TITLE	ge ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET	
CITY ST ZIP		64 CITY S	

The mailing address is correct. Street address is as listed. Thanks

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and that I certify that the information indicated on this annual report or supplemental annual report is my oath, that I am an officer or director of the corporation or the receiver or trustee empowered to appears in Block 12 or Block 13 (if changed), or on an attachment with an address.

Failure to further is made under that my name

SIGNATURE: Elaine B. Hudson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95 (Date) (904) 476-4794 (Telephone Number)

0071870