

FILE NOW: FILING FEE IS \$61.25

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Apr 07 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **735862** (5)

1. Corporation Name

**HERITAGE BAPTIST CHURCH, INC.**

Principal Place of Business

**3065 HIGHWAY 287-A  
CANTONMENT FL 32533**

Mailing Address

**3065 HIGHWAY 287-A  
CANTONMENT FL 32533-7644**



3. Date Incorporated or Qualified <b>05/19/1976</b>	3a. Date of Last Report <b>04/24/1996</b>
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-1665976</b>	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent

**BROOKS BOB W (PASTOR)  
2513 SOUTHERN OAKS DRIVE  
CANTONMENT FL 32533**

10. Name and Address of New Registered Agent

81. Name <b>Timothy L. Martin</b>	85. Zip Code <b>FL 32533</b>
82. Street Address (P.O. Box Number is Not Acceptable) <b>3204 Samantha Dr</b>	
83. City <b>Cantonment</b>	
84. City	

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

*Timothy L. Martin*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARRINGTON, JOHN J.</b>	1.2 NAME	
STREET ADDRESS	<b>9850 BOWMAN AVE.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA FL 32534</b>	1.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HUDSON, ELAINE</b>	2.2 NAME	<b>Ron Welch</b>
STREET ADDRESS	<b>4001 CALICO DR.</b>	2.3 STREET ADDRESS	<b>1125 Adobe Trail</b>
CITY-ST-ZIP	<b>CANTONMENT FL</b>	2.4 CITY-ST-ZIP	<b>Cantonment, FL 32533</b>
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KELLEY, JOHN</b>	3.2 NAME	<b>Sheldon Colbert</b>
STREET ADDRESS	<b>34995 MAGNOLIA FARMS ROAD</b>	3.3 STREET ADDRESS	<b>1085 Urban Dr</b>
CITY-ST-ZIP	<b>ROBERTSDALE AL</b>	3.4 CITY-ST-ZIP	<b>Cantonment, FL 32533</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>Sue Zorn</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>7101 Helms Rd</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>Pensacola, FL 32526</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

*Ronald J. Welch*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-26-97**

Date

Daytime Phone # **0073347**

CR2E037 (9/96)