

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 752084

1. Entity Name

CHRISTIAN HERITAGE CENTER, INC.

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90259 042 \*\*\*\*61.25

Principal Place of Business

1421 NW 179TH ST  
MIAMI FL 33169  
US

Mailing Address

308 GRAHAM ZOAR RD.  
BAXLEY GA 31513

2. Principal Place of Business

1421 N.W. 179th St.  
Suite, Apt. #, etc.

3. Mailing Address

1421 N.W. 179th St.  
Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

58-0054600

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PARRISH, EVELYN  
1421 N.W. 179TH ST.  
MIAMI FL 33169

7. Name and Address of New Registered Agent

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

TITLE VD  
NAME PARRISH, ROBERT LEE  
STREET ADDRESS 1421 N.W. 179TH ST.  
CITY-ST-ZIP MIAMI FL 33169 ☐ Delete

TITLE TD  
NAME PARRISH, PETER  
STREET ADDRESS 20120 N.W. 15TH AVE.  
CITY-ST-ZIP MIAMI FL 33169 ☐ Delete

TITLE D  
NAME PARRISH, EVELYN  
STREET ADDRESS 1421 N.W. 179TH ST.  
CITY-ST-ZIP MIAMI FL 33169 ☐ Delete

TITLE SD  
NAME ROUNDTREE, ANETTE  
STREET ADDRESS 50 N.W. 189TH TERR.  
CITY-ST-ZIP MIAMI FL 33169 ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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:

Evelyn Parrish Evelyn PARRISH

4-23-01

305.621-4022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)