

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 13, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                               |                        |                                                                                                                 |                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------------|------------------------|
| <b>DOCUMENT # 752084</b>                                                                                                                                                                                                      |                        |                                |                        |
| 1. Entity Name<br><b>CHRISTIAN HERITAGE CENTER, INC.</b>                                                                                                                                                                      |                        |                                                                                                                 |                        |
| Principal Place of Business<br><b>CHRISTIAN HERITAGE CENTER<br/>1421 NW 179TH ST<br/>MIAMI FL 33169<br/>US</b>                                                                                                                |                        | Mailing Address<br><b>1421 NW 179TH ST<br/>MIAMI FL 33169<br/>US</b>                                            |                        |
| 2. Principal Place of Business<br><b>1421 NW 179TH ST</b>                                                                                                                                                                     |                        | 3. Mailing Address<br><b>SAME</b>                                                                               |                        |
| Suite, Apt. #, etc.                                                                                                                                                                                                           |                        | Suite, Apt. #, etc.                                                                                             |                        |
| City & State<br><b>MIAMI, FLA</b>                                                                                                                                                                                             |                        | City & State                                                                                                    |                        |
| Zip<br><b>33169</b>                                                                                                                                                                                                           | Country<br><b>Dade</b> | Zip<br><b>33169</b>                                                                                             | Country<br><b>Dade</b> |
| 6. Name and Address of Current Registered Agent<br><b>PARRISH, EVELYN<br/>1421 N.W. 179TH ST.<br/>MIAMI FL 33169</b>                                                                                                          |                        | 7. Name and Address of New Registered Agent                                                                     |                        |
| Name                                                                                                                                                                                                                          |                        | Name                                                                                                            |                        |
| Street Address (P.O. Box Number is Not Acceptable)                                                                                                                                                                            |                        | Street Address (P.O. Box Number is Not Acceptable)                                                              |                        |
| City                                                                                                                                                                                                                          |                        | 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. I am familiar with, and accept the obligations of registered agent. |                        |                                                                                                                 |                        |
| SIGNATURE _____ (NOTE: Registered Agent signature required when revisiting)                                                                                                                                                   |                        |                                                                                                                 |                        |
| FILE NOW: FEE IS \$61.25<br>Due By May 1, 2006                                                                                                                                                                                |                        | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |                        |
| Make Check Payable to<br>Florida Department of State                                                                                                                                                                          |                        |                                                                                                                 |                        |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                    |                        | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                           |                        |
| TITLE                                                                                                                                                                                                                         | VD                     | TITLE                                                                                                           |                        |
| NAME                                                                                                                                                                                                                          | PARRISH, ROBERT LEE    | NAME                                                                                                            |                        |
| STREET ADDRESS                                                                                                                                                                                                                | 1421 N.W. 179TH ST.    | STREET ADDRESS                                                                                                  |                        |
| CITY-ST-ZIP                                                                                                                                                                                                                   | MIAMI FL 33169         | CITY-ST-ZIP                                                                                                     |                        |
| TITLE                                                                                                                                                                                                                         | TD                     | TITLE                                                                                                           |                        |
| NAME                                                                                                                                                                                                                          | PARRISH, PETER         | NAME                                                                                                            |                        |
| STREET ADDRESS                                                                                                                                                                                                                | 20120 N.W. 15TH AVE.   | STREET ADDRESS                                                                                                  |                        |
| CITY-ST-ZIP                                                                                                                                                                                                                   | MIAMI FL 33169         | CITY-ST-ZIP                                                                                                     |                        |
| TITLE                                                                                                                                                                                                                         | D                      | TITLE                                                                                                           |                        |
| NAME                                                                                                                                                                                                                          | PARRISH, EVELYN        | NAME                                                                                                            |                        |
| STREET ADDRESS                                                                                                                                                                                                                | 1421 N.W. 179TH ST.    | STREET ADDRESS                                                                                                  |                        |
| CITY-ST-ZIP                                                                                                                                                                                                                   | MIAMI FL 33169         | CITY-ST-ZIP                                                                                                     |                        |
| TITLE                                                                                                                                                                                                                         | SD                     | TITLE                                                                                                           |                        |
| NAME                                                                                                                                                                                                                          | ROUNDTREE, ANETTE      | NAME                                                                                                            |                        |
| STREET ADDRESS                                                                                                                                                                                                                | 50 N.W. 189TH TERR.    | STREET ADDRESS                                                                                                  |                        |
| CITY-ST-ZIP                                                                                                                                                                                                                   | MIAMI FL 33169         | CITY-ST-ZIP                                                                                                     |                        |
| TITLE                                                                                                                                                                                                                         |                        | TITLE                                                                                                           |                        |
| NAME                                                                                                                                                                                                                          |                        | NAME                                                                                                            |                        |
| STREET ADDRESS                                                                                                                                                                                                                |                        | STREET ADDRESS                                                                                                  |                        |
| CITY-ST-ZIP                                                                                                                                                                                                                   |                        | CITY-ST-ZIP                                                                                                     |                        |
| TITLE                                                                                                                                                                                                                         |                        | TITLE                                                                                                           |                        |
| NAME                                                                                                                                                                                                                          |                        | NAME                                                                                                            |                        |
| STREET ADDRESS                                                                                                                                                                                                                |                        | STREET ADDRESS                                                                                                  |                        |
| CITY-ST-ZIP                                                                                                                                                                                                                   |                        | CITY-ST-ZIP                                                                                                     |                        |



1st MOORE CR2E037 (10/05)

4. FEI Number **58-0054600** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SIGNATURE

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

(NOTE: Registered Agent signature required when revisiting)

DATE

FILE NOW: FEE IS \$61.25  
Due By May 1, 2006

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VD  
PARRISH, ROBERT LEE  
1421 N.W. 179TH ST.  
MIAMI FL 33169

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TD  
PARRISH, PETER  
20120 N.W. 15TH AVE.  
MIAMI FL 33169

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

SD  
ROUNDTREE, ANETTE  
50 N.W. 189TH TERR.  
MIAMI FL 33169

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

02/18/06 80094-008 61.25

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

000000433048  
02/23/06-80094-007 8.75

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

000000433048  
02/23/06-80094-008 61.25

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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*

2 3-06

305-621-4023