

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90182 032 ****61.25

DOCUMENT # 752084

1. Entity Name

CHRISTIAN HERITAGE CENTER, INC.



Principal Place of Business

CHRISTIAN HERITAGE CENTER
1421 NW 179TH ST
MIAMI FL 33169
US

Mailing Address

1421 NW 179TH ST
MIAMI FL 33169
US

2. Principal Place of Business - No P.O. Box #

Same as above

3. Mailing Address

Same -

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

1421 NW 179TH ST

City & State

Miami, Fla

Zip

33169

Country

Doade

Zip

33169

Country

USA

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2007

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

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

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

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

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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CITY-ST-ZIP

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 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 President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-07 305-621-402

Date Daytime Phone #