

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90031 019 ****61.25

DOCUMENT # 752084

1. Entity Name

CHRISTIAN HERITAGE CENTER, INC.



Principal Place of Business

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/07)

City & State

Miami, FL

City & State

4. FEI Number

58-0054600

Applied For

Not Applicable

Zip

33169

Country

USA

Zip

33169

Country

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 is required when registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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

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

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

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

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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

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

4-4-08