

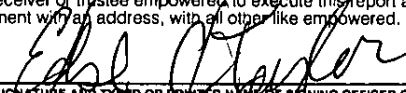


FILED
Apr 04, 2007 08:00 A
Secretary of State

DOCUMENT # 753008			
1. Entity Name CHRISTIAN HERITAGE CHURCH OF LAKE CITY, FLORIDA, INC.			
Principal Place of Business 159 SW HUDSON LANE LAKE CITY, FL 32025	Mailing Address 159 SW HUDSON LANE LAKE CITY, FL 32025		
DO NOT WRITE IN THIS SPACE			
		03262007 No Chg-NP CR2E037 (4/06)	
		4. FEI Number 59-2108304	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TAYLOR, EDESEL C 159 SW HUDSON LANE LAKE CITY, FL 32025		DO NOT WRITE IN THIS SPACE	
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 reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE UD00000690841 04/12/07-80006-012 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAYLOR, EDESEL C 402 SW PONCE DE LEON AVE LAKE CITY, FL 32025		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KURTZ, TONY 410 SE PEACOCK TERRACE LAKE CITY, FL 32025		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHEFFIELD, DAVID 11523 SUMMER BIRD CT JACKSONVILLE, FL 32221		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE 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 Chapter 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: 		3/29/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	