

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753008

FILED
Jan 14, 2009
Secretary of State

Entity Name: CHRISTIAN HERITAGE CHURCH OF LAKE CITY, FLORIDA, INC.

Current Principal Place of Business:

159 SW HUDSON LANE
LAKE CITY, FL 32025

New Principal Place of Business:

Current Mailing Address:

159 SW HUDSON LANE
LAKE CITY, FL 32025

New Mailing Address:

FEI Number: 59-2108304

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAYLOR, EDSSEL C
159 SW HUDSON LANE
LAKE CITY, FL 32025 US

Name and Address of New Registered Agent:

JONES, CHRISTOPHER C
159 SW HUDSON LANE
LAKE CITY, FL 32025 US

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: CHRISTOPHER C. JONES

01/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TAYLOR, EDSSEL C
Address: 402 SW PONCE DE LEON AVE
City-St-Zip: LAKE CITY, FL 32025

Title: VD () Delete
Name: KURTZ, TONY
Address: 410 SE PEACOCK TERRACE
City-St-Zip: LAKE CITY, FL 32025

Title: TD () Delete
Name: SHEFFIELD, DAVID
Address: 11523 SUMMER BIRD CT
City-St-Zip: JACKSONVILLE, FL 32221

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: JONES, CHRISTOPHER C
Address: 4453 S.E. COUNTRY CLUB RD
City-St-Zip: LAKE CITY, FL 32025

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: GRUBB, SHAUN
Address: 196 S.W. BRAVA WAY
City-St-Zip: LAKE CITY, FL 32024

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER C. JONES

PD

01/14/2009

Electronic Signature of Signing Officer or Director

Date