


NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

05-27-2004 90017 004 ****70.00

DOCUMENT # 758394

1. Entity Name
Heritage Baptist Church Inc.
OK St Augustine



04 MAY 27 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

24077347

2. Principal P.O.
1480 Wildwood Dr.

3. Mailing Address
1480 Wildwood Dr.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
St Augustine, FL

City & State
St Augustine, FL

Country
St Johns

Country
St Johns

4. FEI Number

Applied For
☒ Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Garry W Martin

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

City St Augustine FL Zip Code 32086

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 re-registering)

DATE

ISSUES \$81.25
Initial or Amended UBR

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	<u>P.O. Garry W. Martin 307 Graciela Circle St Augustine, FL 32086</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>V.D. Schill 148 Osprey Rd St Augustine, FL 32086</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Leon Engel 7080 Carlett Rd St Augustine, FL 32086</u>
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Garry W Martin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/18/04 904-297-4511
904-824-6888

CR2E037B (12/02)