

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

FILED
Jul 09, 2007 8:00 am
Secretary of State

07-09-2007 90042 035 ****70.00

DOCUMENT # 758394

1. Entity Name

HERITAGE BAPTIST CHURCH, INC. OF ST.
AUGUSTINE



Principal Place of Business

1480 WILDWOOD DR
ST. AUGUSTINE FL 32086
US

Mailing Address

1480 WILDWOOD DR
ST. AUGUSTINE FL 32086
US



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E037 (4/07)

4. FEI Number

59-3430002

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTIN, GARRY W
307 GRACIELA CIRCLE
ST. AUGUSTINE FL 32086

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 reappointing)

DATE

FILE NOW: FEE IS \$61.25
Due By September 5, 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 PD ☐ Delete
NAME MARTIN, GARRY W
STREET ADDRESS 307 GRACIELA CIRCLE
CITY-ST-ZIP ST. AUGUSTINE FL 32086

TITLE D ☐ Delete
NAME BROPHIL, BOB
STREET ADDRESS 6790 CRESCENT COVE DR
CITY-ST-ZIP SAINT AUGUSTINE FL 32086

TITLE DTS ☒ Delete
NAME JOHNSON, BRIAN
STREET ADDRESS 9224 US1 SOUTH
CITY-ST-ZIP SAINT AUGUSTINE FL 32086

TITLE DT ☐ Delete
NAME JOHNSON, TAMMY
STREET ADDRESS 9224 US 1 SOUTH
CITY-ST-ZIP SAINT AUGUSTINE FL 32084

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 *500 Kendrick Dr* ☐ Change ☒ Addition
NAME
STREET ADDRESS *1343 Francis St.*
CITY-ST-ZIP *St Augustine, FL 32085*

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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:

Garry W. Martin 7/24/07 904-824-8200