

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 759716

1. Entity Name

HERITAGE CHURCH INTERNATIONAL, INC.

Principal Place of Business

**2990 HERITAGE ROAD
MARIANNA FL 32446
US**

Mailing Address

**2990 HERITAGE ROAD
MARIANNA FL 32448-4910**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2911559

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WYNN, CHARLES M.
310 E. JACKSON ST.
MARIANNA FL 32446**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **ARNOLD, WARFIELD**
STREET ADDRESS **3579 THOMPSON RD.**
CITY-ST-ZIP **MARIANNA FL**

TITLE **D** ☒ Delete
NAME **FARMER, TOM**
STREET ADDRESS **P. O. BOX 5984 N/A, 2616 HEAVENLY DR.**
CITY-ST-ZIP **MARIANNA FL**

TITLE **TD** ☐ Delete
NAME **JONES, WILLIAM H.**
STREET ADDRESS **1226 MADDOX ROAD**
CITY-ST-ZIP **MARIANNA FL**

TITLE **PCD** ☐ Delete
NAME **MCCOURY, DEAN**
STREET ADDRESS **4474 COOK RD.**
CITY-ST-ZIP **MARIANNA FL**

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

TITLE ☐ Change ☐ Addition
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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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **DEAN MCCOURY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-00

Date

850-526-2750

Daytime Phone #