

# 2001 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 32446

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

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

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

TITLE ☐ Delete  
NAME T  
STREET ADDRESS Johnny Reister  
CITY-ST-ZIP 3104 Five Points Road  
Cottondale, FL 32431

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Mar 29, 2001 8:00 am  
Secretary of State

03-06-2001 90018 030 \*\*\*\*61.25

32883



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

3-5-01 850-5262730