

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 06, 2004 8:00 am**  
**Secretary of State**

04-06-2004 90030 009 \*\*\*\*61.25

**DOCUMENT # 759716**

1. Entity Name

HERITAGE IN CHRIST CHURCH, 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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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. 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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

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  
TD  
JONES, WILLIAM H.  
1226 MADDOX ROAD  
MARIANNA FL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
T  
MUREEN, HATFIELD  
5837 CATALINA LN.  
GREENWOOD FL 32443 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PE  
JOHNSON, CHRISTINE  
4197 MYLES ST.  
MARIANNA FL 32448 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
T  
MARIETTA, DREW  
4810 VESEY LN.  
MARIANNA FL 32446 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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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

April 4, 2004

Date

850-576-2730

Daytime Phone #