


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

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| <b>DOCUMENT # 759716</b><br>1. Entity Name<br>HERITAGE IN CHRIST CHURCH, INC.  |  |                                   |
| Principal Place of Business<br>2990 HERITAGE ROAD<br>MARIANNA, FL 32446 US   |  | Mailing Address<br>2990 HERITAGE ROAD<br>MARIANNA, FL 32446  |
| <b>DO NOT WRITE IN THIS SPACE</b>  |  |  |
| 6. Name and Address of Current Registered Agent<br><br>WYNN, CHARLES M.<br>310 E. JACKSON ST.<br>MARIANNA, FL 32446  |  | <b>DO NOT WRITE<br/>IN THIS SPACE</b>  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____   |  |  |
| Filing Fee is \$61.25<br>Due by May 1, 2006  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be<br>Added to Fees |
| 10. OFFICERS AND DIRECTORS   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | TD<br>JONES, WILLIAM H<br>1226 MADDOX ROAD<br>MARIANNA, FL         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | D<br>DEESE, DUKE<br>7514 SHADY GROVE ROAD<br>GRAND RIDGE, FL 32442 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | D<br>DREW, MARIETTA<br>4810 VESEY LN<br>MARIANNA, FL 32446         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | PCD<br>JOHNSON, CHRISTINE<br>4197 MYLES ST.<br>MARIANNA, FL 32448  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>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: <u>Duke Deese</u><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  | 04-14-06<br>Date Daytime Phone #   |



04142006 No Chg-NP CR2E037 (11/05)

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|---|--|
| 4. FEI Number<br>59-2911559   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional<br>Fee Required |  |

U00000513820  
04/29/06-80143-018 61.25

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