

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91516 016 ****61.25

DOCUMENT # 759716

1. Entity Name

HERITAGE CHURCH INTERNATIONAL, INC.

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

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**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **PASTOR-ELDER** ☐ Change ☒ Addition
NAME **CHRISTINE JOHNSON**
STREET ADDRESS **4197 MYLES ST**
CITY-ST-ZIP **MARIANNA, FL 32448**

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

TITLE **TRUSTEE** ☐ Change ☒ Addition
NAME **DAEW MARIETTA**
STREET ADDRESS **4800 VESEY LN.**
CITY-ST-ZIP **MARIANNA, FL 32446**

TITLE **T** ☒ Delete
NAME **REISTER, JOHNNY**
STREET ADDRESS **3104 FIVE POINTS ROAD**
CITY-ST-ZIP **COTTONDALE FL 32431**

TITLE **TRUSTEE** ☒ Change ☐ Addition
NAME **HATFIELD MUREEN**
STREET ADDRESS **5837 CATALINA LN.**
CITY-ST-ZIP **GREENWOOD FL 32443**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

DEAN MCCOURY

4-23-03 850-826-1730

CR2E037 (10/02)