2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 31, 2005 8:00 am **Secretary of State** DOCUMENT # G81248 1. Entity Name 01-31-2005 90064 048 ***150.00 AMERICAN HERITAGE CHURCH FINANCE, INC. Principal Place of Business Mailing Address 2008 CURRY FORD ROAD 2008 CURRY FORD ROAD ORLANDO FL 32806 ORLANDO FL 32806 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) 1st MOORE City & State City & State 4. FEI Number Applied For 59-2365924 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RICHARD C., IR (ASOC 3-1-05 THOMPSON, FORREST 2305 BUCKMINSTER CIRCLE ORLANDO FL 32803 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 Alecco Modername of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 TITLE ☐ Defete TITLE C/T ☐ Addition THOMPSON, FUNNEST THOMPSON, FORREST NAME NAME 2305 BUCKMINSTER CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP Change Delete TITLE ☐ Addition TITLE NAME THOMPSON, AMY H. STREET ADDRESS 2305 BUCKMINSTER CIRCLE STREET ADDRESS CITY-ST-ZIP ORLANDO FL CITY-ST-7IP HICKS, RICHARD C, JR TITLE ☐ Delete TITLE Change ☐ Addition MAME NAME HICKS, RICHARD C JR STREET ADDRESS STREET ADDRESS 18325 SKY TOP LANE CITY-ST-ZIP **GROVELAND FL 34736** CITY-ST-ZIF TITLE ☐ Delete ☐ Change ☐ Addition HICKS, JANET L NAME STREET ADDRESS 18325 SKY TOP LANE STREET ADDRESS GROVELAND FL 34736 CITY-ST-ZIP CITY-ST-7iP TITI F Defete THILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

12. Thereby 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 607, 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:

FILED