

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90012 027 ***150.00

DOCUMENT # G81248

1. Entity Name

AMERICAN HERITAGE CHURCH FINANCE, INC.



Principal Place of Business

2008 CURRY FORD ROAD
ORLANDO FL 32806

Mailing Address

2008 CURRY FORD ROAD
ORLANDO FL 32806
US



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

59-2365924

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HICKS, RICHARD C JR
18325 SKYTOP LANE
GROVELAND FL 34736

New Address:
Hicks, Richard C. JR.
12806 Magnolia Pointe Blvd.
Clermont, FL 34711

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 \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CT ☐ Delete
NAME THOMPSON, FORREST
STREET ADDRESS 2305 BUCKMINSTER CIRCLE
CITY-ST-ZIP ORLANDO FL 32803

TITLE CS ☐ Delete
NAME THOMPSON, AMY H.
STREET ADDRESS 2305 BUCKMINSTER CIRCLE
CITY-ST-ZIP ORLANDO FL 32803

TITLE P ☐ Delete
NAME HICKS, RICHARD C JR
STREET ADDRESS 18325 SKYTOP LANE
CITY-ST-ZIP GROVELAND FL 34736

TITLE AT ☐ Delete
NAME HICKS, JANET L
STREET ADDRESS 18325 SKYTOP LANE
CITY-ST-ZIP GROVELAND FL 34736

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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TITLE ☐ Change ☐ Addition
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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 exemptions contained in Section 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 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-06

Date

407-894-5994

Daytime Phone #