

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90150 024 ***150.00

DOCUMENT # G81248

1. Entity Name
AMERICAN HERITAGE CHURCH FINANCE, INC.



Principal Place of Business
2008 CURRY FORD ROAD
P.O. DRAWER 149408
ORLANDO FL 32814-6408

Mailing Address
P.O. BOX 149408
ORLANDO FL 32814-9408
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2365924**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

THOMPSON, FORREST
2305 BUCKMINSTER CIRCLE
ORLANDO FL 32803

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, 2003 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | THOMPSON, FORREST | |
| STREET ADDRESS | 2305 BUCKMINSTER CIRCLE | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | CS | <input type="checkbox"/> Delete |
| NAME | THOMPSON, AMY H. | |
| STREET ADDRESS | 2305 BUCKMINSTER CIRCLE | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | HICKS, RICHARD C JR | |
| STREET ADDRESS | 7814 NADITZ COURT | |
| CITY-ST-ZIP | ORLANDO FL 32822 | |
| TITLE | AT | <input type="checkbox"/> Delete |
| NAME | HICKS, JANET L | |
| STREET ADDRESS | 7814 NADITZ COURT | |
| CITY-ST-ZIP | ORLANDO FL 32822 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|----------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 18325 Sky Top Lane | |
| CITY-ST-ZIP | Groveland, FL 34736 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 18325 Sky Top Lane | |
| CITY-ST-ZIP | Groveland, FL 34736 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 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]* **THOMPSON, FORREST**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/03 **407/894-5994**
Date Daytime Phone #

CR2E034 (10/02)