

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 09, 2005 8:00 am
Secretary of State

09-09-2005 90029 042 ****61.25

DOCUMENT # N01000002254

1. Entity Name
HERITAGE MINISTRIES, INC.



Principal Place of Business
1909 CREEKBEND DRIVE
LAKELAND, FL 33811

Mailing Address
1909 CREEKBEND DRIVE
LAKELAND, FL 33811

30063303



09062005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 30-0187497	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

STUBBLEFIELD, ROBERT B
1909 CREEKBEND DRIVE
LAKELAND, FL 33811

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD STUBBLEFIELD, ROBERT 1909 CREEKBEND DRIVE LAKELAND, FL 33811
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD PARKS, WILLIAM 13 FRIENDS LANE WILLOW STREET, PA 17584
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD GARTNER, CHRISTINE 8107 BULLNECK RD BALTIMORE, MD 21222
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Stubblefield

9/6/05

Date

863-709-0279

Daytime Phone #