2/17/0

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
02-17-2002 90043 035 ****61.25

DOCUMENT # N01000002781

1. Entity Name

HERITAGE CHRISTIAN ACADEMY, INC.

Principal Place of Business	Mailing Address
560 3RD STREET, S.W. WINTER HAVEN FL 33882	POST OFFICE BOX 819 WINTER HAVEN FL 33882-0819

DO NOT WRITE IN THIS SPACE

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 65-1106040 ☐ 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
BROWN, WILLIAM A 560 3RD STREET, S.W. WINTER HAVEN FL 33882	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.

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 Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD CHAIRMAN OF BOARD ☐ Delete BROWN, WILLIAM A 827 REFLECTIONS LOOP EAST WINTER HAVEN FL 33884	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☒ Delete LEGG, MARTHA 802 EAGLE POND DRIVE WINTER HAVEN FL 33884	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ADMINISTRATOR REBECCA CONNER 3508 BLACK FOX JACK CT. LAKE WALES, FL 33853 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR OF CURRICULUM ☐ Delete ATTAWAY, BRENDA 1131 INTERLOCHEN BOULEVARD WINTER HAVEN FL 33884	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☒ Delete BENTON, MELISSA 808 CARLTONCOURT, S.E. WINTER HAVEN FL 33884	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FINANCE CHAIRMAN CHUCK BLAKE 969 LA QUINTA BLVD WINTER HAVEN, FL 33881 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☒ Delete WILLIAMS, DINA 3225 COURTNEY DRIVE LAKE WALES FL 33853	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOARD SECRETARY ☐ Delete GAGNON, KARN 209 CRYSTAL COURT WINTER HAVEN FL 33880	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

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: /s/ SIGNATURE REQUIRED 1-7-02 863-293-0490
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #