

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (A)

FILED
Mar 30, 2004 8:00 am
Secretary of State

03-09-2004 90005 003 ****61.25

00400004



MOORE CR2E037 (11/03)

DOCUMENT # N01000002781 1. Entity Name HERITAGE CHRISTIAN ACADEMY, INC.																																																																																															
Principal Place of Business 560 3RD STREET, S.W. WINTER HAVEN FL 33882			Mailing Address POST OFFICE BOX 819 WINTER HAVEN FL 33882-0819																																																																																												
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																																																													
City & State		City & State		4. FEI Number 65-1106040																																																																																											
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																											
6. Name and Address of Current Registered Agent BROWN, WILLIAM A 560 3RD STREET, S.W. WINTER HAVEN FL 33882				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																											
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>																																																																																															
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																											
Make Check Payable to Florida Department of State																																																																																															
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>BROWN, WILLIAM A</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>827 REFLECTIONS LOOP EAST WINTER HAVEN FL 33884</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>CONNER, REBECCA</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>3508 BLACK JACK CT LAKE WALES FL 33853</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>ATTAWAY, BREND A</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>1131 INTERLOCHEN BOULEVARD WINTER HAVEN FL 33884</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>BLAKE, CHUCK</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>969 LA QUANTA BLVD WINTER HAVEN FL 33881</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>GAGNON, KARN</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>209 CRYSTAL COURT WINTER HAVEN FL 33880</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>MARLIA SCOTT</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>701 REFLECTIONS DR. WINTER HAVEN, FL 33884</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>REGINA GAGNON</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>415 E. CLOWEX ST BARTOW, FL 33830</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	BROWN, WILLIAM A		CITY - ST - ZIP	827 REFLECTIONS LOOP EAST WINTER HAVEN FL 33884		TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	CONNER, REBECCA		CITY - ST - ZIP	3508 BLACK JACK CT LAKE WALES FL 33853		TITLE	NAME	<input checked="" type="checkbox"/> Delete	STREET ADDRESS	ATTAWAY, BREND A		CITY - ST - ZIP	1131 INTERLOCHEN BOULEVARD WINTER HAVEN FL 33884		TITLE	NAME	<input checked="" type="checkbox"/> Delete	STREET ADDRESS	BLAKE, CHUCK		CITY - ST - ZIP	969 LA QUANTA BLVD WINTER HAVEN FL 33881		TITLE	NAME	<input checked="" type="checkbox"/> Delete	STREET ADDRESS	GAGNON, KARN		CITY - ST - ZIP	209 CRYSTAL COURT WINTER HAVEN FL 33880		TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS			CITY - ST - ZIP			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY - ST - ZIP			TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	STREET ADDRESS	MARLIA SCOTT		CITY - ST - ZIP	701 REFLECTIONS DR. WINTER HAVEN, FL 33884		TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	STREET ADDRESS	REGINA GAGNON		CITY - ST - ZIP	415 E. CLOWEX ST BARTOW, FL 33830		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY - ST - ZIP		
TITLE	NAME	<input type="checkbox"/> Delete																																																																																													
STREET ADDRESS	BROWN, WILLIAM A																																																																																														
CITY - ST - ZIP	827 REFLECTIONS LOOP EAST WINTER HAVEN FL 33884																																																																																														
TITLE	NAME	<input type="checkbox"/> Delete																																																																																													
STREET ADDRESS	CONNER, REBECCA																																																																																														
CITY - ST - ZIP	3508 BLACK JACK CT LAKE WALES FL 33853																																																																																														
TITLE	NAME	<input checked="" type="checkbox"/> Delete																																																																																													
STREET ADDRESS	ATTAWAY, BREND A																																																																																														
CITY - ST - ZIP	1131 INTERLOCHEN BOULEVARD WINTER HAVEN FL 33884																																																																																														
TITLE	NAME	<input checked="" type="checkbox"/> Delete																																																																																													
STREET ADDRESS	BLAKE, CHUCK																																																																																														
CITY - ST - ZIP	969 LA QUANTA BLVD WINTER HAVEN FL 33881																																																																																														
TITLE	NAME	<input checked="" type="checkbox"/> Delete																																																																																													
STREET ADDRESS	GAGNON, KARN																																																																																														
CITY - ST - ZIP	209 CRYSTAL COURT WINTER HAVEN FL 33880																																																																																														
TITLE	NAME	<input type="checkbox"/> Delete																																																																																													
STREET ADDRESS																																																																																															
CITY - ST - ZIP																																																																																															
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																													
STREET ADDRESS																																																																																															
CITY - ST - ZIP																																																																																															
TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																																																																																													
STREET ADDRESS	MARLIA SCOTT																																																																																														
CITY - ST - ZIP	701 REFLECTIONS DR. WINTER HAVEN, FL 33884																																																																																														
TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																																																																																													
STREET ADDRESS	REGINA GAGNON																																																																																														
CITY - ST - ZIP	415 E. CLOWEX ST BARTOW, FL 33830																																																																																														
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																													
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 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: WILLIAM BROWN 2/20/04 863-293-0690																																																																																															
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																																																																															