


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Apr 25, 2005 08:00 AM  
Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # N01000002781</b>                            |  |
| 1. Entity Name<br><b>HERITAGE CHRISTIAN ACADEMY, INC.</b> |   |

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



|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

1st MOORE

CR2E037 (10/04)

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                            |  |
| <b>BROWN, WILLIAM A<br/>560 3RD STREET, S.W.<br/>WINTER HAVEN FL 33882</b> |  |

|  |             |
|--|-------------|
| 7. Name and Address of New Registered Agent        |             |
| 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

| 10. OFFICERS AND DIRECTORS                        |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | COBD<br>BROWN, WILLIAM A<br>827 REFLECTIONS LOOP EAST<br>WINTER HAVEN FL 33884 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | A<br>CONNER, REBECCA<br>3508 BLACK JACK CT<br>LAKE WALES FL 33853 <input type="checkbox"/> Delete              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | D<br>SCOTT, MARCIA<br>701 REFLECTIONS DR<br>WINTER HAVEN FL 33884 <input type="checkbox"/> Delete              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | D<br>GAGNON, REGINA<br>415 E. CLOVER ST<br>BARTOW FL 33830 <input type="checkbox"/> Delete                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Delete  |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 A. Brown **WILLIAM A. BROWN** 4/21/05 863-293-0690  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #