



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90312 004 ****61.25

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		
Zip	Country	Zip	Country	4. FEI Number 65-1106040	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
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	
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.				\$8.75 Additional Fee Required	
SIGNATURE 				DATE 4/18/06	
FILE NOW: FEE IS \$61.25 Due By: May 1, 2006				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	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	COBD BROWN, WILLIAM A 827 REFLECTIONS LOOP EAST WINTER HAVEN FL 33884			<input type="checkbox"/> Delete	
NAME	A			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CONNER, REBECCA			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	3508 BLACK JACK CT			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	LAKE WALES FL 33853			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	D			<input checked="" type="checkbox"/> Delete	
NAME	SCOTT, MARCIA			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	701 REFLECTIONS DR			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	WINTER HAVEN FL 33884			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	D			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GAGNON, REGINA			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	415 E. CLOWER ST			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	BARTOW FL 33830			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-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 exemptions contained in Section 119, 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:  **4/18/06 863-293-0690**