

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2007 08:00 AM
Secretary of State

DOCUMENT # N01000005119

1. Entity Name

RIGHTFUL HERITAGE MINISTRY, INC.



Principal Place of Business

Mailing Address

**31 SE 3RD ST
OTTER CREEK FL 32683**

**P O BOX 203
OTTER CREEK FL 32683**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

81-0558114

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

**ROGERS, FALON
5080 N. ALEXA TERR.
CRYSTAL RIVER FL 34428**

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

Falon Rogers

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/07

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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 PD ☐ Delete
NAME ROGERS, FALON I
STREET ADDRESS 5080 N. ALEXA TERR.
CITY-ST-ZIP CRYSTAL RIVER FL 34428

TITLE VDST ☐ Delete
NAME ROGERS, SANDRA I
STREET ADDRESS 5080 N. ALEXA TERR.
CITY-ST-ZIP CRYSTAL RIVER FL 34428

TITLE D ☐ Delete
NAME INGRAM, DORA G
STREET ADDRESS P O BOX 593
CITY-ST-ZIP INGLIS FL 34449

TITLE D ☐ Delete
NAME DUNLAP, PAUL J
STREET ADDRESS 8075 N MARINEZZO TERR
CITY-ST-ZIP CRYSTAL RIVER FL 34428

TITLE STD ☐ Delete
NAME DUNLAP, TARALEE
STREET ADDRESS 9075 N MARINEZZO TERR
CITY-ST-ZIP CRYSTAL RIVER FL 34428

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Sandra I Rogers

4/29/07 352-564-0517