

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91232 017 ****70.00

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1. Entity Name
JOINT HEIRS CHRISTIAN CENTER CHURCH, INC.

Principal Place of Business
**590 RINEHART ROAD, #3
LAKE MARY, FL 32746**

Mailing Address
**P.O. BOX 953503
LAKE MARY, FL 32795-3503**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04302004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3706689

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**ADAMS, PRESTON
8092 CANYON LAKE CIRCLE
ORLANDO, FL 32835**

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

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

(NOTE: Registered Agent signature required when reinstating)

PRESTON ADAMS

4/30/04

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

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 **VD** ☐ Delete
NAME **HARDY, WILLIAM**
STREET ADDRESS **1101 FIRST DRIVE**
CITY-ST-ZIP **SANFORD, FL 32771**

TITLE **TD** ☐ Delete
NAME **EVANS, HORTENSE DR**
STREET ADDRESS **1805 CHERRY RIDGE DRIVE**
CITY-ST-ZIP **HEATHROW, FL 32746**

TITLE **D** ☐ Delete
NAME **JACKSON, JOYCE**
STREET ADDRESS **1133 EAST 7TH AVE.**
CITY-ST-ZIP **SANFORD, FL 32771**

TITLE **PCD** ☐ Delete
NAME **ADAMS, PRESTON JR.**
STREET ADDRESS **8092 CANYON LAKE CIRCLE**
CITY-ST-ZIP **ORLANDO, FL 32835**

TITLE **D** ☐ Delete
NAME **FISHER, INEZ**
STREET ADDRESS **678 GOODRICH DR.**
CITY-ST-ZIP **DELTONA, FL 32838**

TITLE **D** ☐ Delete
NAME **WEBSTER, JOYCE**
STREET ADDRESS **684 RALEIGH COURT**
CITY-ST-ZIP **DELTONA, FL 32738**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PCD** ☒ Change ☐ Addition
NAME **ADAMS, PRESTON JR.**
STREET ADDRESS **8092 CANYON LK. Cir**
CITY-ST-ZIP **ORLANDO, FL 32835**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

4/30/04

Daytime Phone #

(407) 833-9255