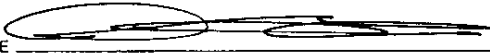
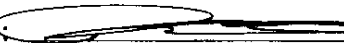


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90228 017 \*\*\*\*70.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                           |                                                                                            |                                                                                                                                                                                                                                       |                                                                                   |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N01000008858</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                           |                                                                                            |                                                                                                                                                                                                                                       |  |  |
| <b>1. Entity Name</b><br>JOINT HEIRS CHRISTIAN CENTER CHURCH, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                           |                                                                                            |                                                                                                                                                                                                                                       |                                                                                   |  |
| <b>Principal Place of Business</b><br>590 RINEHART ROAD, #3<br>LAKE MARY, FL 32746                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                           |                                                                                            | <b>Mailing Address</b><br>P.O. BOX 953503<br>LAKE MARY, FL 32795-3503                                                                                                                                                                 |                                                                                   |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           | <b>3. Mailing Address</b>                                                                  |                                                                                                                                                                                                                                       |                                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                           | Suite, Apt. #, etc.                                                                        |                                                                                                                                                                                                                                       |                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                           | City & State                                                                               |                                                                                                                                                                                                                                       |                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Country                                                                   | Zip                                                                                        | Country                                                                                                                                                                                                                               | <b>4. FEI Number</b><br>59-3706689                                                |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                           |                                                                                            |                                                                                                                                                                                                                                       | <b>\$8.75 Additional Fee Required</b>                                             |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>ADAMS, PRESTON<br>8092 CANYON LAKE CIRCLE<br>ORLANDO, FL 32835                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                           |                                                                                            | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div> |                                                                                   |  |
| <b>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.</b>                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                           |                                                                                            |                                                                                                                                                                                                                                       |                                                                                   |  |
| SIGNATURE  <i>PCD</i> <span style="float: right;">4/24/07</span><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                    |                                                                           |                                                                                            |                                                                                                                                                                                                                                       |                                                                                   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                           | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                                                                                                                       | <b>\$5.00 May Be Added to Fees</b>                                                |  |
| <b>Make check payable to Florida Department of State.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                           |                                                                                            |                                                                                                                                                                                                                                       |                                                                                   |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                           |                                                                                            |                                                                                                                                                                                                                                       | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                      |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VD<br>TAYLOR, RAYMOND<br>2441 CRAWFORD DR<br>SANFORD, FL 32771            | <input type="checkbox"/> Delete                                                            |                                                                                                                                                                                                                                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | TD<br>EVANS, HORTENSE DR<br>1805 CHERRY RIDGE DRIVE<br>HEATHROW, FL 32746 | <input type="checkbox"/> Delete                                                            |                                                                                                                                                                                                                                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>JACKSON, JOYCE<br>1133 EAST 7TH AVE.<br>SANFORD, FL 32771            | <input type="checkbox"/> Delete                                                            |                                                                                                                                                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PCD<br>ADAMS, PRESTON JR.<br>8092 CANYON LAKE CIRCLE<br>ORLANDO, FL 32835 | <input type="checkbox"/> Delete                                                            |                                                                                                                                                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>FISHER, INEZ<br>678 GOODRICH DR.<br>DELTONA, FL 32838                | <input type="checkbox"/> Delete                                                            |                                                                                                                                                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>WEBSTER, JOYCE<br>684 RALEIGH COURT<br>DELTONA, FL 32738             | <input type="checkbox"/> Delete                                                            |                                                                                                                                                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| <b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.</b> |                                                                           |                                                                                            |                                                                                                                                                                                                                                       |                                                                                   |  |
| <b>SIGNATURE:</b>  <i>Dr. Preston Adams, Jr. Pres.</i> <span style="float: right;">4/24/2007 (407) 399-0969</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                          |                                                                           |                                                                                            |                                                                                                                                                                                                                                       |                                                                                   |  |

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