

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # N01844

1. Entity Name

CHRISTIAN HERITAGE FOUNDATION, INC.



Principal Place of Business

10025 ORANGE GROVE DRIVE
TAMPA FL 33618

Mailing Address

10025 ORANGE GROVE DRIVE
TAMPA FL 33618

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc

Suite, Apt #, etc

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2429663

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRANT, JOHN A., JR.
10025 ORANGE GROVE DRIVE
TAMPA FL 33618

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: 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 PD
NAME GRANT, JOHN A., JR.
STREET ADDRESS 10025 ORANGE GROVE DR.
CITY- ST- ZIP TAMPA FL ☐ Delete

TITLE STD
NAME GRANT, BEVERLEY C.
STREET ADDRESS 10025 ORANGE GROVE DR.
CITY- ST- ZIP TAMPA FL ☐ Delete

TITLE D
NAME GRANT, JOHN A., III
STREET ADDRESS 10025 ORANGE GROVE DR.
CITY- ST- ZIP TAMPA FL 33618 ☐ Delete

TITLE D
NAME ODOM, JEANETTE
STREET ADDRESS 1119 BELLAIRE CIRCLE
CITY- ST- ZIP ORLANDO FL 32804 ☐ Delete

TITLE D
NAME GRANT, JAMES W
STREET ADDRESS 10025 ORANGE GR DR
CITY- ST- ZIP TAMPA FL 33618 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000040553
CITY- ST- ZIP 02/09/04-80053-006 61.25

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

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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]

2-4-04

813-787-7900