2008 NOT-FOR-PROFIT CORPORATIONANNUAL REPORT (AR)

Feb 08, 2008 8:00 am DOCUMENT # N07000001541 **Secretary of State** 02-08-2008 90042 013 ****61.25 HERITAGE BAPTIST CHURCH OF THE SPACE COAST Principal Place of Business Mailing Address 2250 WEKIVA LN WEST MELBOURNE FL 32904 2250 WEKIVA LN WEST MELBOURNE FL 32904 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Numbe Applied For 53 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MILLETT, RYLAN Street Address (P.O. Box Number is Not Acceptable) 2250 WEKIVA LN WEST MELBOURNE FL 32904 Zip Code FL 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 tue if applicable, (NOTE: Registered Agent Signature regulated when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PVD TITLE ☐ Delete TITLE ☐ Change Addition NAME -1 MILLETT, RYLAN NAME STREET ADDRESS 2250 WEKIVA LN STREET ADDRESS WEST MELBOURNE FL 32904 CITY-ST-ZIP CITY-ST-ZIP STD TITLE ☐ Defete TIT: F ☐ Change Addition MILLETT, LILLIAN NAME RAME 2250 WEKIVA LN STREET ADDRESS STREET ADDRESS WEST MELBOURNE FL 32904 CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z-P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TIFLE ☐ Delete THILL Change ☐ Addition NAEF NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE ☐ Delete ш ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

SIGNATURE: Lev Lita

Kylaw millett

I hereby certify that the information supplied with this filling 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 appress, with all other like empowered.

1/28/08

FILED