

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Nov 01, 2004
Secretary of State**

DOCUMENT# N18118

Entity Name: HERITAGE BAPTIST CHURCH, INC. OF PORT ST. LUCIE

Current Principal Place of Business:

New Principal Place of Business:

2490 S.E. MELALEUCA BLVD.
PORT ST. LUCIE, FL 34952 US

Current Mailing Address:

New Mailing Address:

2490 S.E. MELALEUCA BLVD.
PORT ST. LUCIE, FL 34952 US

FEI Number: 59-2716627 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DOWNS, RONALD C
1450 S.E. MARISOL COURT
PORT ST. LUCIE, FL 34952 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DOWNS, RONALD C
Address: 1450 S.E. MARISOL CT.
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Delete
Name: DOWNS, KATHLEEN P
Address: 1450 S.E. MARISOL CT.
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Delete
Name: PARKER, RICHARD
Address: 1571 SE COLLETTE CIRCLE
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: D (X) Change () Addition
Name: MCMAHON, DOROTHY
Address: 1142 SW JENNIFER AVE
City-St-Zip: PORT ST. LUCIE, FL 34953

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHLEEN DOWNS

D

11/01/2004

Electronic Signature of Signing Officer or Director

_____ Date