

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N18118

FILED
Nov 01, 2004
Secretary of State**Entity Name:** HERITAGE BAPTIST CHURCH, INC. OF PORT ST. LUCIE**Current Principal Place of Business:**2490 S.E. MELALEUCA BLVD.
PORT ST. LUCIE, FL 34952 US**New Principal Place of Business:****Current Mailing Address:**2490 S.E. MELALEUCA BLVD.
PORT ST. LUCIE, FL 34952 US**New Mailing Address:****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:**DOWNS, RONALD C
1450 S.E. MARISOL COURT
PORT ST. LUCIE, FL 34952 US**Name and Address of New Registered Agent:**

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:**Title:** D () Delete
Name: DOWNS, RONALD C
Address: 1450 S.E. MARISOL CT.
City-St-Zip: PORT ST. LUCIE, FL 34952**Title:** D () Delete
Name: DOWNS, KATHLEEN P
Address: 1450 S.E. MARISOL CT.
City-St-Zip: PORT ST. LUCIE, FL 34952**Title:** D () Delete
Name: PARKER, RICHARD
Address: 1571 SE COLLETTE CIRCLE
City-St-Zip: PORT ST. LUCIE, FL 34952**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**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