

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2001 8:00 am
Secretary of State

08-13-2001 90064 017 ****61.25

DOCUMENT # N20428

1. Entity Name

HERITAGE BAPTIST CHURCH OF ARCADIA, INC.

Principal Place of Business

**27 N. POLK AVE.
 AROADIA FL 33821
 US**

Mailing Address

**27 N. POLK AVE.
 AROADIA FL 33821
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2335323

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROWN, FLETCHER
 124 N. BREVARD
 ARCADIA FL 33821**

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.

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
 After September 12, 2001, min. will be \$236.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Delete
JACKSON, MEL
 STREET ADDRESS **PO BOX 66**
 CITY-ST-ZIP **FORT OGDEN FL 34267**

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

TITLE NAME ☐ Delete
IVERSON, GEORGE
 STREET ADDRESS **1422 S.E. CROSS AVE.**
 CITY-ST-ZIP **ARCADIA FL 34226**

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

TITLE NAME ☒ Delete
SHEPARD, DEAN T
 STREET ADDRESS **1189 - 9TH AVE. S.E.**
 CITY-ST-ZIP **ARCADIA FL 34266**

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

TITLE NAME ☐ Delete
RAYBURN, BRAXTON
 STREET ADDRESS **PO BOX 2652 (N/A)**
 CITY-ST-ZIP **ARCADIA FL 34265**

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

TITLE NAME ☒ Delete
IRWIN, JEFFREY B
 STREET ADDRESS **1712 SE PEACH**
 CITY-ST-ZIP **ARCADIA FL 34266**

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

TITLE NAME ☐ Delete
Brion Rittenbrow
 STREET ADDRESS **408 N. Hillsborough**
 CITY-ST-ZIP **Arcadia FL 34266**

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 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 REQUIRED

8-6-01 (863) 993-4542

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/01)