

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N20428

1. Entity Name

HERITAGE BAPTIST CHURCH OF ARCADIA, INC.

Principal Place of Business

Mailing Address

27 N. POLK AVE.  
ARCADIA FL 33821  
US

27 N. POLK AVE.  
ARCADIA FL 33821  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Arcadia 34266

City & State

Arcadia 34266

Zip

Country

Zip

Country

4. FEI Number

59-2335323

Applied For

Not Applicable

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

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

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

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

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

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

TITLE ☐ Change ☒ Addition  
NAME Trustee Jerry Jenkins  
STREET ADDRESS 1538 SE West Farm Rd  
CITY-ST-ZIP Arcadia, FL 34266

TITLE ☐ Delete  
NAME RITTENHOUS, BRIAN  
STREET ADDRESS 408 N HILLSBOROUGH  
CITY-ST-ZIP ARCADIA FL 34266

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)