

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N20428

1. Entity Name
HERITAGE BAPTIST CHURCH OF ARCADIA, INC.



FILED
07 DEC 28 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
27 N. POLK AVE.
ARCADIA, FL 34266 US

Mailing Address
27 N. POLK AVE.
ARCADIA, FL 34266 US



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

REINSTATEMENT 07

6. Name and Address of Current Registered Agent
BROWN, FLETCHER
124 N. BREVARD
ARCADIA, FL 33821

4. FEI Number
59-2335323

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
Name David L. Bedell
Street Address (P.O. Box Number is Not Acceptable)
27 North Polk Avenue
City Arcadia FL Zip Code 34266

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 David L Bedell David L Bedell 12/12/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$236.25
After January 1, 2008, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JACKSON, MEL 6980 SW COLLINS ST. ARCADIA, FL 34269 <i>Mel Jackson</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300111206123 10/23/07--01024--015 **236.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T IVERSON, GEORGE 1422 S.E. CROSS AVE. ARCADIA, FL 34226 <i>George Iverson</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RAGAN, MIKE 3480 NW COKER ST. ARCADIA, FL 34266 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Calvin McAlexander 2788 SE McClelland Dr. Arcadia, FL 34266 <i>Calvin McAlexander</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RABORN, BRAXTON 4948 N.W. DILL RD. ARCADIA, FL 34266 <i>Braxton Raborn</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Thomas J. Knickerbocker 208 W. Hickory St Arcadia, FL 34266 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 address, with all other like empowered.

SIGNATURE: *Thomas J. Knickerbocker* Thomas J Knickerbocker, Pastor 10/16/07 (863) 491-6342
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

12/31