

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # N20428 1. Entity Name HERITAGE BAPTIST CHURCH OF ARCADIA, INC.	
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Principal Place of Business 27 N. POLK AVE. ARCADIA FL 34266 US	Mailing Address 27 N. POLK AVE. ARCADIA FL 34266 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/07)

4. FEI Number 59-2335323	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BEDELL, DAVID L 27 NORTH POLK AVENUE ARCADIA FL 34266	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

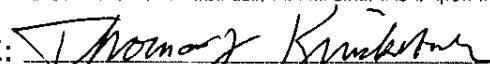
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
(Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature is required when re-registering.) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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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 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition 00000000000000000000 04/17/08-80025-020 61.25
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T IVERSON, GEORGE 1422 S.E. CROSS AVE. ARCADIA FL 34226 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T MCALEXANDER, CALVIN 2788 SE MCCLELLAND DRIVE ARCADIA FL 34266 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T RABORN, BRAXTON 4948 N.W. DILL RD. ARCADIA FL 34266 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	CEO KNICKERBOCKER, THOMAS J 208 W. HICKORY STREET ARCADIA FL 34266 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  2/26/08 (863) 494-6890