

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N49937 (8)**  
1. Corporation Name  
**THE HERITAGE INSTITUTE OF CHRISTIAN ACADEMICS, I NC.**



Principal Place of Business  
**13241 COMMERCE LAKES DR  
FT MYERS FL 33913  
US**

Mailing Address  
**13241 COMMERCE LAKES DR  
FT MYERS FL 33913  
US**

3. Date Incorporated or Qualified  
**07/17/1992**

3a. Date of Last Report  
**01/26/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>65-0360129</b>		Applied For <input type="checkbox"/> Not Applicable	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
23. Zip		28. Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24. Country		29. Country					
25. Country		30. Country					

## 9. Name and Address of Current Registered Agent

**GONZALES, MARK P.  
13241 COMMERCE LAKES DR  
FT MYERS FL 33913**

## 10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	<b>FL</b>
85. Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

## SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

## 12. OFFICERS AND DIRECTORS

TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>GONZALES, MARK P.</b>	
STREET ADDRESS	<b>13241 COMMERCE LAKES DR</b>	
CITY - ST - ZIP	<b>FT. MYERS FL</b>	
TITLE	<b>DC</b>	<input type="checkbox"/> DELETE
NAME	<b>MOORE, LANNY W.</b>	
STREET ADDRESS	<b>445 KEENAN AVENUE</b>	
CITY - ST - ZIP	<b>FORT MYERS FL</b>	
TITLE	<b>DVC</b>	<input type="checkbox"/> DELETE
NAME	<b>HARPER, DAN</b>	
STREET ADDRESS	<b>5351 SIX MILE CYPRESS</b>	
CITY - ST - ZIP	<b>FORT MYERS FL</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> DELETE
NAME	<b>MAYER, CRAIG</b>	
STREET ADDRESS	<b>5695 GRILLET PLACE S.W.</b>	
CITY - ST - ZIP	<b>FORT MYERS FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MARCOUX, PAUL</b>	
STREET ADDRESS	<b>7140 BRENTWOOD ROAD SOUTH</b>	
CITY - ST - ZIP	<b>FT. MYERS FL</b>	
TITLE	<b>SV</b>	<input type="checkbox"/> DELETE
NAME	<b>WELLS, JESS K.</b>	
STREET ADDRESS	<b>119 PINEBROOK DRIVE</b>	
CITY - ST - ZIP	<b>FT. MYERS FL</b>	

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Jess K. Wells*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4.12.96 941-561-2555**

CR2E037 (12/95)