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Apr 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33913-7956 US
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2. Principal Place of Business 21	2a. Mailing Address 28
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Country 30

3. Date Incorporated or Qualified 07/17/1992	3a. Date of Last Report 04/16/1996
4. FEI Number 65-0360129	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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
84 City
85 Zip Code

FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

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

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* **WELLS** 4-12-97 94-561-2535

CR2E037 (9/96)