

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90044 011 ****61.25

DOCUMENT # N49937

1. Entity Name
**THE HERITAGE INSTITUTE OF CHRISTIAN ACADEMICS,
INC.**



Principal Place of Business
**13241 GRIFFIN DR
FT MYERS, FL 33913 US**

Mailing Address
**13241 GRIFFIN DR
FT MYERS, FL 33913 US**

DO NOT WRITE IN THIS SPACE



03082006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0360129

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP GONZALES, MARK P. 13241 COMMERCE LAKES DR FT. MYERS, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DC THOMPSON, DAVE 12060 SABAL LAKES LN FORT MYERS, FL 33913
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DS COLLINS, JEFF 11464 WATERFORD VILLAGE DR FORT MYERS, FL 33913
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DS Virgil Klunder 16710 Sanctuary Estates Drive Cape Coral, FL 33993
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-21-06 239-561-2555