2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49937

FILED Jan 24, 2008 Secretary of State

Entity Name: THE HERITAGE INSTITUTE OF CHRISTIAN ACADEMICS, INC.					
Current Principal Place of Business:			New Principal Place of Business:		
13241 GRIF FT MYERS		US			
Current Ma	ailing Addre	ss:	New Mailing Addres	New Mailing Address:	
13241 GRIF FT MYERS		US			
FEI Number:	65-0360129	FEI Number Applied For () FEI N	umber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
GONZALES, MARK P. 13241 GRIFFIN DR. FT MYERS, FL 33913 US 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.					
SIGNATUR					
0,0,1,7,10,1		nic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DP (GONZALES, M 13241 GRIFFI FT. MYERS, F	IN DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DC (THOMPSON, I 12060 SABAL FORT MYERS	LAKES LN	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	KLUNDER, VI	UARY ESTATES DR	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK P. GONZALES DR. 01/24/2008