

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49937

FILED
Jan 16, 2009
Secretary of State

Entity Name: THE HERITAGE INSTITUTE OF CHRISTIAN ACADEMICS, INC.

Current Principal Place of Business:

13241 GRIFFIN DR
FT MYERS, FL 33913 US

New Principal Place of Business:

Current Mailing Address:

13241 GRIFFIN DR
FT MYERS, FL 33913 US

New Mailing Address:

FEI Number: 65-0360129

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

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.

SIGNATURE: MARK P GONZALES

01/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: GONZALES, MARK P.,
Address: 13241 GRIFFIN DR
City-St-Zip: FT. MYERS, FL

Title: DC () Delete
Name: THOMPSON, DAVE
Address: 12060 SABAL LAKES LN
City-St-Zip: FORT MYERS, FL 33913

Title: DS () Delete
Name: KLUNDER, VIRGIL
Address: 16710 SANCTUARY ESTATES DR
City-St-Zip: CAPE CORAL, FL 33993

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: GONZALES, MARK P
Address: 13171 PARKLINE DRIVE
City-St-Zip: FT. MYERS, FL 33913 US

Title: DC (X) Change () Addition
Name: THOMPSON, DAVE
Address: 12060 SABAL LAKES LN
City-St-Zip: FORT MYERS, FL 33913 US

Title: DS (X) Change () Addition
Name: KLUNDER, VIRGIL
Address: 16710 SANCTUARY ESTATES DR
City-St-Zip: CAPE CORAL, FL 33993 US

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

DP

01/16/2009

Electronic Signature of Signing Officer or Director

Date