FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 28 PM 7:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N50960 (6)

1. Corporation Name
HERITAGE COMMUNITY CHURCH, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
7601-38TH AVE N ST. PETERSBURG FL 33710 US	7601 38TH AVE N. ST. PETERSBURG FL 33710 US

3. Date Incorporated or Qualified: 09/15/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3141196 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WHITE, CLEMENT H.
6261 THIRD AVENUE NORTH
ST. PETERSBURG FL 33710-7822

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	JENSEN, J W	1.2 NAME	GRAVES, RAY	
STREET ADDRESS	5901 CANTON ST S	1.3 STREET ADDRESS	4915 Bay Street NE #228	
CITY-ST-ZIP	ST PETERSBURG FL	1.4 CITY-ST-ZIP	St. Petersburg, FL 33703	
TITLE	VD	2.1 TITLE		☒ Change ☐ Addition
NAME	CARRIER, SUE R	2.2 NAME		
STREET ADDRESS	204 - 160TH TERR	2.3 STREET ADDRESS	Delete	
CITY-ST-ZIP	REDINGTON BCH FL	2.4 CITY-ST-ZIP		
TITLE	T	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	CARRIER, CECIL	3.2 NAME		
STREET ADDRESS	204 160TH TERR	3.3 STREET ADDRESS		
CITY-ST-ZIP	REDINGTON BCH FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☒ Change ☐ Addition
NAME	BARANY, PAM	4.2 NAME		
STREET ADDRESS	141 - 80TH AVE N	4.3 STREET ADDRESS	Delete	
CITY-ST-ZIP	ST PETERSBURG FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☒ Change ☐ Addition
NAME	ALISESKY, DON	5.2 NAME		
STREET ADDRESS	7234 LYNWOOD AVE N	5.3 STREET ADDRESS	Delete	
CITY-ST-ZIP	ST PETERSBURG FL	5.4 CITY-ST-ZIP		
TITLE	SD	6.1 TITLE		☐ Change ☐ Addition
NAME	O'HEARN, BETTY	6.2 NAME		
STREET ADDRESS	280 - 126TH AVENUE E #110	6.3 STREET ADDRESS		
CITY-ST-ZIP	TREASURE ISLAND FL	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: H. Ray Graves 2-13-95 (813)528-2807
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

0084100