2002 UNIFORM BUSINESS REPORT (UBR)

Apr 07, 2002 8:00 am Secretary of State DOCUMENT # **N97000004688** 1. Entity Name 04-07-2002 90071 021 ****61.25 HERITAGE CHRISTIAN SCHOOL CORPORATION Principal Place of Business Mailing Address 891 COPLY ST SE 891 COPLY ST SE **0005958**0 PALM BAY FL 32909 PALM BAY FL 32909 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 59-3436210 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired _÷. . Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) ERZINGER, RENEE 1385 WHALING AVENUE SOUTHEAST PALM BAY FL 32909 Zip Code City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Director Ellen Grogan 2435 Grassmere Or. Addition AD ☐ Delete TITLE ☐ Change TITLE NAME ERZINGER, RENEE NAME STREET ADDRESS 1385 WHALING AVENUE SOUTHEAST STREET ADDRESS melbourn, PL 32904 CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL 32909 Change ☐ Addition TITLE ☐ Delete TITLE LALLIER, ELIZABETH Lallier, Elizabeth NAME 3020 YUKON COURT STREET ADDRESS STREET ADDRESS 3020 YUON COURT MELBOURNE FL 32935 CITY-ST-ZIP CITY-ST-ZIP ≈ Delete ☐ Addition TITLE TITLE staats, Michele NAME NAME STREET ADDRESS 2614 MELISSA COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32934 Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I 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 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 of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 12 in the corporation of the receiver of the re

SIGNATURE

changed, or on an attachmen

752