


FILE NOW: FILING FEE IS \$61.25

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Mar 02, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000001094

1. Corporation Name

HERITAGE BIBLE CHURCH OF PALM BAY, INC.

Principal Place of Business
1805 CANOVA STREET SE
#4
PALM BAY FL 32909

Mailing Address
1805 CANOVA STREET SE
#4
PALM BAY FL 32909



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/23/1998	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3492925	
22 City & State		27 City & State		Applied For Not Applicable	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

HUFF, FRED L
4075 TIMBER TRAIL COURT
W. MELBOURNE FL 32904

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent, if applicable.

Fred L. Huff - President

1/20/99

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT/DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUFF, FRED L	1.2 NAME	
STREET ADDRESS	4075 TIMBER TRAIL COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	W. MELBOURNE FL 32904	1.4 CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSTRANDER, BRENTWOOD R	2.2 NAME	WILLIAM L. STROUP
STREET ADDRESS	4240 MINTON ROAD	2.3 STREET ADDRESS	2615 Jupiter Blvd, SW
CITY-ST-ZIP	MELBOURNE FL 32704	2.4 CITY-ST-ZIP	Palm Bay, FL 32908
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSTRANDER, LETA	3.2 NAME	GLADYS E. STROUP
STREET ADDRESS	4240 MINTON ROAD	3.3 STREET ADDRESS	2615 JUPITER BLVD, SW
CITY-ST-ZIP	MELBOURNE FL 32904	3.4 CITY-ST-ZIP	Palm Bay, FL 32908
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUFF, JACQUELINE J	4.2 NAME	WILSON, SALLIE J.
STREET ADDRESS	4075 TIMBER TRAIL COURT	4.3 STREET ADDRESS	299 ALADDIN STREET, NE
CITY-ST-ZIP	W. MELBOURNE FL 32904	4.4 CITY-ST-ZIP	PALM BAY, FL 32907
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: FRED L. HUFF, PRESIDENT 1/20/99 (407) 951-1713

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)