


2005 FOR PROFIT CORPORATION ANNUAL REPORT

04-21-2005 90223 002 ***150.00
P03000004247

DOCUMENT # P03000004247					
1. Entity Name UNITED HERITAGE BANK					
Principal Place of Business 3378 EDGEWATER DRIVE ORLANDO, FL 32804			Mailing Address 3378 EDGEWATER DRIVE ORLANDO, FL 32804		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3687725	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
				Name Powers, David G	
				Street Address (P.O. Box Number is Not Acceptable) 1411 Edgewater Dr	
				Suite 200	
				City Orlando FL Zip Code 32804	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: _____ DATE: _____					
<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</p>					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	COB	<input type="checkbox"/> Delete			
NAME	HEWITT, JAMES L				
STREET ADDRESS	811 NORTH LAKE ADAIR				
CITY-ST-ZIP	ORLANDO, FL 32804				
TITLE	PD	<input type="checkbox"/> Delete			
NAME	POWERS, DAVID G.				
STREET ADDRESS	104 GREEN LEAF LANE				
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714				
TITLE	SEVP	<input type="checkbox"/> Delete			
NAME	SCURES, MICHAEL R.				
STREET ADDRESS	8324 AMBER OAK DRIVE				
CITY-ST-ZIP	ORLANDO, FL 32817				
TITLE	SEVP	<input type="checkbox"/> Delete			
NAME	MCLEOD, DAVID				
STREET ADDRESS	930 NORTH TEXAS				
CITY-ST-ZIP	ORLAND, FL 32804				
TITLE	EVP	<input type="checkbox"/> Delete			
NAME	TYLER, SHIRLEY				
STREET ADDRESS	314 HAZELNUT STREET				
CITY-ST-ZIP	WINTER SPRINGS, FL 32708				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
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)(f), 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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Shirley Tyler</u> 4-18-05 407-647-365					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

FILED

05 MAY -4 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04182005 Chg-P CR2E034 (10/03)